



**AWARD APPLICATION**



**AWARD**

NAME OF APPLICANT(S) TITLE OR POSITION

ADDRESS STREET CITY STATE ZIP COUNTRY

PHONE FAX E-MAIL

TITLE OF PROGRAM

NAME OF ORGANIZATION/INSTITUTION, IF ANY

SOURCE OF FUNDING, IF ANY

1. Provide a brief history of your program, and your plans for the next 2-5 years.

Horizontal lines for text entry.

2. Please describe your program goals and objectives. Include a description of the population served to include the ages of the subjects, and the location and size of the sample.

Horizontal lines for text entry.

3. What were the evaluation goals and targets? Summarize and report data to reflect the degree to which goals were achieved?

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\*Trademark, Colgate-Palmolive Company

4. Explain the program methods and activities.

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5. How do you use materials such as videos, brochures, etc. in your program?

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6. Your presence or that of a member of your team for presentation of your program as a poster is requested. Please confirm that you will participate in the IAPD Virtual Congress from June 10-13, 2021.

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7. You or a member of your team must be a current member of IAPD. Please indicate the name and membership number of the person:

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**Please attach to your application:**

- A 100 word abstract describing the goals, objectives, and content of your program
- A 3 page summary of your program. Examples of materials you use to achieve your goals and materials (audio-visual, charts, poster, brochures, etc.) that demonstrate your achievements will be requested if your entry is short listed.

**Please note that:**

- All applications should be in English, well-organized, neat and comprehensive.
- Applications should be received by March 31, 2021. Applicants unable to complete their submissions by that date should contact the IAPD Secretariat for an extension.
- All entries become the property of the International Association of Paediatric Dentistry and cannot be returned.

**Submit completed applications to:**

**IAPD**

**[iapd@iapdworld.org](mailto:iapd@iapdworld.org)**