





NAME OF APPLICANT(S)		TITLE OR POSITION					
ADDRESS	STREET		CITY		STATE	ZIP	COUNTRY
PHONE			FAX			E-MAIL	
TITLE OF PROGRAM	М						
NAME OF ORGANIZ	ATION/INSTITUTION,	, IF ANY					
SOURCE OF FUNDI	NG, IF ANY						
1. Provide a brie	f history of your p	orogram, and your	plans for the next	2-5 years.			
Please describer and the location	oe your program on and size of the	goals and objective sample.	es. Include a des	cription of the pop	ulation served	to include the age	es of the subjects,
3. What were the	e evaluation goals	and targets? Sur	mmarize and repo	ort data to reflect th	ne degree to w	hich goals were a	chieved?

4. Explain the program methods and activities.
5. How do you use materials such as videos, brochures, etc. in your program?
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 Congress in Maastricht, The Netherelands, June 14 - 17 2023.
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:
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 17 March 2023. 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