



SPECIAL SERVICE AWARD APPLICATION

(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

Write up to to one cover page on why the applicant is deserving of this award. If possible, include the nominee's recent curriculum vitae. If CV is not available, please list their accomplishments on separate cover page.

Signature

Title

Return to:

Indiana Dental Association
Attn: Jody Cleary
550 West North Street, Suite 300
Indianapolis, IN 46202
jody@indentall.org



DR. LLOYD J. PHILLIPS
DISTINGUISHED SERVICE AWARD APPLICATION
(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

Write up to to one cover page on why the applicant is deserving of this award. If possible, include the nominee's recent curriculum vitae. If CV is not available, please list their accomplishments on separate cover page.

Signature

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RISING STAR AWARD APPLICATION
(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

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CHARLES W. GISH COMMUNITY DENTAL HEALTH AWARD APPLICATION

(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

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NORWIN M. NILES IDPAC AWARD APPLICATION
Given by IDPAC
(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

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IDA LEADERSHIP AWARD APPLICATION
(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

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IDA MAYNARD K. HINE AWARD APPLICATION

(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

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Signature

Title

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DR. DON SCROGGINS AWARD APPLICATION
Given by IDPAC
(Return to the IDA Central Office by March 1)

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Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

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COMPONENT HONOR DENTIST AWARD APPLICATION

(Return to the IDA Central Office by March 1)

Recipient's name: _____

Address: _____

City: _____ State and Zip: _____

Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

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Signature

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jody@indentall.org



DR. RUSSELL HEYDE LEGACY AWARD APPLICATION

Given by IDPAC

(Return to the IDA Central Office by March 1)

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Telephone: _____ Component Dental Society _____

Date Submitted: _____

Requirements:

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DR. RAYMOND MADDOX LEGACY AWARD APPLICATION

Given by IDPAC

(Return to the IDA Central Office by March 1)

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