

2012 LDA Humanitarian Award

OFFICIAL CALL FOR NOMINATIONS

Please photocopy, legibly complete, and forward this form together with any supporting documents or exhibits to the LDA, 7833 Office Park Blvd., Baton Rouge, LA 70809. **All forms must be postmarked by November 1, 2011.** Please use additional pages if necessary. Please write clearly. If you have questions, contact the LDA office at (800) 388-6642, Dr. King Scott, Chairman of the DSA Committee, at (318) 325-4600. The LDA DSA Committee also oversees the LDA Humanitarian Award.

Nominee's Name _____ Date of Birth _____

Spouse's Name _____ Children's Name(s) _____

Address _____

Phone _____ Cell _____ ADA# _____

Nominee has been a member of the ADA/LDA for _____ years. Nominee's local component _____.

Does the nominee prefer communication via email or phone? _____ Phone # _____

General description of nominee's dental practice: _____

Nominee's service of the dental profession in humanitarian efforts. Describe service to the profession and the year(s). Include other organizations, projects of service (chronologically.)

Community Service. Describe activities in the community and the year(s) of service such as volunteer work including such activities as school and church activities (chronologically.)

Other information you deem significant about the nominee. _____

On a separate page, please compose a two or three-paragraph statement of why you feel this person deserves the Humanitarian Award from the LDA and organized dentistry. Please attach your letter to this form for submission. Please state your relationship to this person or why you are the person recommending the nominee for this award.