

NCDHM Publicity Form



The Pennsylvania Dental Association (PDA) knows you put a lot of time and effort into your NCDHM promotion. PDA would like to publicize your event in the May/June issue of the *Pennsylvania Dental Journal*. Please complete the form below (write on the back of this sheet or attach additional ones, if necessary). We'd appreciate photographs of your event, if available. If you are sending photos, please identify each person on the back of the photograph by carefully printing the name(s) of each person in the picture from left to right. Also include your name and address. PDA must receive your form and photos no later than **March 6, 2016**. Return your completed form to:

Pennsylvania Dental Association, Attn: NCDHM, P.O. Box 3341, Harrisburg, PA 17105
fax: (717) 234-2186, email: bmb@padental.org

District: _____ Local dental society: _____

Contact person: _____ Phone number: _____

Date(s) and hours of promotion: _____

Location of the promotion: _____

Who participated in your event? _____

Was your promotion part of a larger event? If so, describe the event: _____

Please describe your promotion in detail. (Use another sheet if necessary.) _____

Please add any quotes about NCDHM in general, or your particular promotion. _____

Please include photographs of your event, if available. Mail them with this form, or email them to bmb@padental.org.

