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YOUR SMILE IS OUR PASSION®

2021 COVID-19 First Responder \$10,000 Smile Makeover Application

Thank you for your interest in our Smile Makeover contest! Entries must be received between Monday, February 1, and 11:59 pm EST Sunday, February 28, 2021, to be considered. Winner will be notified by phone or email on Monday, March 22, 2021. **Please print neatly.**

ABOUT YOU

Today's Date: _____

First Name: _____ Last Name: _____

Phone Number: _____ Home/Mobile (circle one)

Email Address: _____

I'm nominating myself

How did you hear about the Smile Makeover Contest? _____

ABOUT YOUR NOMINEE

First Name: _____ Last Name: _____

Phone Number: _____ Home/Mobile (circle one)

Email Address: _____

Street Address: _____ Apt#: _____

City: _____

State: _____

Zip Code: _____

**Don't forget to include TWO photographs:
one headshot and one smile close up.**

**Tell us in _____ 300 words or
less why you or your nominee should be chosen to win a smile makeover.**

- I have read and agree to the Official Rules.
- Winner must be 18 years of age or older, a U. S. resident, and be able to provide verification of employment as a first responder during the COVID-19 crisis (December 2019 – current).
- All information and statements included in my contest application and essay are true and correct to the best of my knowledge.

Please mail completed application to:

Susan M. Dennis, DDS

ATTN: 2021 Smile Makeover Contest

8150 Moorsbridge Rd, Ste A
Portage, MI 49024.

Signature: _____

Date: _____

Printed Name: _____

OFFICE USE ONLY

Application received by: _____

Date received: _____

Two photos included (full face, smile close up)? Y/N