

APPLICANT INFORMATION



FOR OFFICE USE ONLY

Date Received: _____ Verified By: _____

Please write in print.

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Which branch of the U.S. Armed Forces have you served? (Check all that apply.)

- Army Marine Corps Navy Air Force Coast Guard National Guard/Reserves

When did you serve? _____

How did you hear about the Stars & Smiles program?

Describe all your dental needs – list all dental issues in your entire mouth (*Please include a photo and/or video footage of your teeth with your application.*)

How many teeth are you missing in your entire mouth? _____

How many teeth are broken or damaged (not missing) in your entire mouth? _____

Have you had dental work done to your damaged teeth (e.g. bridge or denture, etc.)? Yes No

If yes, when did you have your procedure done? _____

If yes, please explain: _____

Please complete the following tooth diagram with ALL of your dental needs, not simply the teeth that are damaged:

Draw an 'X' on all teeth that are missing. Circle all teeth that are in need of dental work (not missing).

TOP



BOTTOM



I verify that the information I have provided in this application is true. I authorize the release of this information (including all photos/video footage) to Putnam Dental Associates.

Signature: _____

Date: _____

PATIENT AGREEMENT FORM



Please initial each statement below and sign at the bottom, letting us know that you understand the application process and the Putnam Dental Associates guidelines.

- _____ The dental work I receive is donated and Putnam Dental Associates will not receive payment.
- _____ Sending in an application to the Putnam Dental Associates Stars & Smiles program does not guarantee I will see a dentist or that I will be accepted as a patient.
- _____ The Putnam Dental Associates Leadership Team will make the final decision of eligibility per the program guidelines and decides what dental work fits within the program. Dental work is not guaranteed and I hereby release and waive any and all claims against Putnam Dental Associates that may arise with respect to my participation in the program.
- _____ The program is not intended to provide comprehensive dentistry and dental needs may remain after the smile makeover.
- _____ The program does not guarantee specific dental work that I want (such as dental implants or teeth whitening etc.).
- _____ Among other reasons, I can be disqualified from the program at any time if I:
- Don't call to schedule my first appointment within 30 days
 - Fail to show up to appointments
 - Cancel appointments without a 48-hour notice
 - Multiple appointment cancellations
 - Do not remain in contact with the volunteer dentist or the Putnam Dental Associates office
 - Disrespect the staff or the Putnam Dental Associates practice
- _____ I will update the Putnam Dental Associates office of any changes to my phone number or mailing address. If the Putnam Dental Associates team cannot reach me, my case may be closed. All changes must be sent directly to the Putnam Dental Associates office. No returned mail will be forwarded.
- _____ If I am eligible for the program, once my Stars & Smiles case is completed within the program guidelines, the dentist is not obligated to provide dental work to me in the future or keep me as a patient.
- _____ Your application will be reviewed as quickly as possible. In order to keep the process moving, we ask that you please do not call to check the status of your application. These types of calls will not be returned to you.

I have read this agreement form and understand that if I do not follow these guidelines, I can be disqualified from the program.

Signature: _____

Date: _____

RELEASE FORM



Documenting this process is an important part of the program. We may have opportunities to share your journey (your story, photos, video footage etc.) for the purposes of increasing awareness of Putnam Dental Associates and the Stars & Smiles program.

In consideration of the value received and hereby acknowledged, I consent to the use of the following items by Putnam Dental Associates for the purpose of marketing, publicity or advertising by Putnam Dental Associates:

- Full face photos
- Teeth only photos
- Written story/statements
- Video footage that incorporates all of the above including your voice
- Use of my full name

Publication may occur in commercial publications, newspapers, Internet websites, social media, television, radio and various similar media outlets.

I acknowledge that I will receive no further compensation for the use of the items listed in this agreement. I also agree that neither the photographer, videographer, owner nor Putnam Dental Associates can guarantee the quality of the images unless it can be shown that said use or publication is malicious. I waive any right I may have to inspect and/or approve the specific use of the image, text and/or video footage that may be associated with it. I have read and have had the opportunity to carefully review and ask questions about this release.

Signature: _____ Date: _____

OFFICIAL RULES



1. **NO PURCHASE NECESSARY TO ENTER OR TO WIN.** You do not need to be a current patient of Putnam Dental Associates. Being a patient will not increase your odds of winning. All federal, state, local, and municipal laws and regulations apply. Void where prohibited.
2. **SPONSOR.** The Stars & Smiles program is sponsored by Putnam Dental Associates. Selection of winners and all other aspects of the Contest shall be final and binding on entrant in all respects. Putnam Dental Associates will not be responsible for any typographical, printing or other inadvertent errors in these Official Rules or in other materials relating to this Contest. If you have any questions regarding this contest, please contact us via email at pdamarketing@comcast.net.
3. **ELIGIBILITY.** The Putnam Dental Associates Stars & Smiles Contest is open to veterans of the United States Armed Forces, and is only open to those who reside in a 50 mile radius of the office of Putnam Dental Associates in Brewster, NY. Employees of Putnam Dental Associates, their immediate family members and any persons domiciled with such employees, are not eligible.
4. **ENTRY.** All entries must be received by 5:00 p.m. (EST) on November 30, 2017. Individuals may enter this Contest by filling out the Official Entry Form. Each individual can submit one entry/nomination. Multiple entries by a single individual will be immediately disqualified. Any questions regarding the number of entries submitted shall be determined by Putnam Dental Associates in its sole discretion, and Putnam Dental Associates reserves the right to disqualify any entries by persons determined to be tampering with or abusing any aspect of the Contest.
 - a. Internet Entry: Enter by visiting the official registration page on PutnamDental.com and access the Official Entry Form by following the instructions on the website. Your computer must accept cookies, or any successor or similar technology, which may be used for the purpose of entry tracking. By entering, you agree to the terms of these Official Rules and to receive emails from Putnam Dental Associates. You can opt-out of the receipt of such emails by following the directions in any email received from Putnam Dental Associates.
 - b. Putnam Dental Associates will not be responsible for incomplete, lost, late, "post-due", misdirected or illegible entries or for failure to receive entries for any reason, including but not limited to transmission or technical failures or malfunctioning of any telephone connection, network, hardware or software. All entries become the property of Putnam Dental Associates and no portion of the entry will be returned.

5. **PRIZES AND ODDS.** One Grand Prize Winner will be selected to receive an “Ultimate Smile Makeover package” (approximate retail value \$5,000 - \$40,000) and will be selected by a committee formed by the Putnam Dental Associates Leadership Team. Grand Prize Winner may receive one or more of (and is not limited to) the following services: restorative dentistry, periodontal therapy, endodontic therapy, restorative implant dentistry, oral surgery or applicable services. Putnam Dental Associates will not be financially liable for any dental services not offered at Putnam Dental Associates. Odds of winning depend on the number of eligible entries received.
6. **WINNER NOTIFICATION AND ACCEPTANCE.** Finalists will be notified in writing and via telephone. If a potential winner does not respond to notification (in writing with all requested information), within one (1) day, such potential winner will be disqualified and an alternate winner selected. Forfeiture of prize and the selection of an alternate winner (provided sufficient eligible entries are received) may result from any of the following: entrant: (1) fails to respond to a notification (in writing, with all requested information) within the required time; (2) fails to complete and return a required Affidavit of Eligibility and Liability and Publicity Release (and any other documents, if requested) within the required time; (3) is deemed ineligible or cannot be notified or contacted; (4) is unable to provide satisfactory proof that he/she is the authorized applicant; (5) is not available to have procedures performed on the dates and times specified by Putnam Dental Associates; or (6) fails to respond to any other required time periods or is otherwise not in compliance with the Official Rules.

Winners are solely responsible for reporting and payment of any taxes on prizes.

Winner will be solely responsible for all necessary travel and other expenses incurred in connection with accepting the treatment.

7. **PARTICIPATION.** By participating, entrants agree to be bound by these Official Rules and the decision of the committee. Putnam Dental Associates reserves the right to disqualify persons found tampering with or otherwise abusing any aspect of this Contest as solely determined by Putnam Dental Associates. In the event the Contest is compromised by a virus, non-authorized human intervention, tampering or other causes beyond the reasonable control of Putnam Dental Associates which corrupts or impairs the administration, security, fairness or proper operation of the Contest, Putnam Dental Associates reserves the right in its sole discretion to suspend, modify, or terminate the Contest. Should the Contest be terminated prior to the stated expiration date, Putnam Dental Associates reserves the right to award prizes based on the entries received before the termination date.
8. **COPYRIGHT.** By entering the Contest, each entrant grants Putnam Dental Associates an exclusive, royalty-free and irrevocable right and license to publish, print, edit, or otherwise use the entrant’s submitted entry, in whole or in part, for any purpose and in any manner or media now known or hereinafter developed (including, without limitation, the Internet) throughout the world in perpetuity, and to license others to do so, all without limitation or further compensation. If his/her entry is selected as the winning entry, entrant will sign any additional license and release that Putnam Dental Associates may require to provide that Putnam Dental Associates may use entrant-winner’s name, biographical information, address, picture/photograph/video likeness (including before, during and after photographs/video footage) and/or voice, for advertising and promotional purposes

without further consideration to entrant-winner in connection with entrant-winner's use and acceptance of the prize.

- 9. LIMITATION OF LIABILITY.** By entering the Contest, entrant agrees that (1) any and all disputes, claims, and causes of action arising out of or in connection with the Contest, or any prizes awarded, shall be resolved individually without resort to any form of class action, and entrant waives his or her right to a jury trial for such disputes, claims, and causes of action; (2) any claims, judgments and awards shall be limited to actual out-of-pocket costs incurred, including costs associated with entering the Contest, but in no event attorney's fees; and (3) under no circumstances will any entrant be permitted to obtain any award for, and entrant hereby waives all rights to claim punitive, incidental or consequential damages and any and all rights to have damages multiplied or otherwise increased and any other damages, other than damages for actual out-of-pocket expenses. BY ACCEPTING THE PRIZE, THE WINNER AGREES THAT PUTNAM DENTAL ASSOCIATES, AND ITS OFFICERS WILL HAVE NO LIABILITY WHATSOEVER FOR, AND WILL BE HELD HARMLESS BY WINNER FOR ANY LIABILITY FOR ANY INJURY, LOSS, OR DAMAGES OF ANY KIND TO PERSONS, INCLUDING DEATH, AND PROPERTY, DUE IN WHOLE OR IN PART, DIRECTLY OR INDIRECTLY, FROM THE ACCEPTANCE, POSSESSION, USE OR MISUSE OF THE PRIZE OR PARTICIPATION IN THIS CONTEST OR PARTICIPATION IN ANY CONTEST OR PRIZE RELATED ACTIVITY.
- 10. CONSTRUCTION.** All issues and questions concerning the construction, validity, interpretation and enforceability of these Official Rules, or the rights and obligations of any entrant and Putnam Dental Associates, shall be governed by, and construed in accordance with the laws of the State of New York, without giving effect to any choice of law or conflict of law rules or provisions. The invalidity or unenforceability of any provision of these rules shall not affect the validity or enforceability of any other provision. If any such provision is determined to be invalid or otherwise unenforceable, these rules shall be construed in accordance with their terms as if the valid or enforceable provision was not contained therein.
- 11. GENERAL RELEASE.** By entering the Contest, entrants release Putnam Dental Associates, and any other promotional sponsors, and each of their respective affiliated companies, directors, officers, employees, representatives, partners and agents from any liability whatsoever for any claims, costs, injuries, losses or damages of any kind arising out of or in connection with the Contest or with the acceptance, possession, or use of any prize (including without limitation, claims, costs, injuries, losses or damages related to personal injuries, death, damage to, loss or destruction of property, rights of publicity or privacy, defamation or portrayal in a false light).

Thank you for your interest in the Putnam Dental Associates Stars & Smiles Contest. The following items must be received no later than 5pm (EST) on November 30, 2017 via email (pdamarketing@comcast.net) or online submission (via www.PutnamDental.com) in order to be considered for the contest.

Please NO PHONE CALLS to the office of Putnam Dental Associates.

- _____ Completed Contest Application Form; Patient Agreement Form; Release Form; Official Rules
- _____ 500 words or more` telling us why you deserve to receive a smile makeover along with your dental care needs.
- _____ Photos/Video Footage that illustrate why you feel you deserve to win the "Ultimate Smile Makeover".
- _____ Finalists will be notified in writing as well as via phone.

If chosen as a finalist, you MUST be available for an extensive consultation/exam (no exceptions). Putnam Dental Associates will strive to ensure that your schedule is respected, however, Putnam Dental Associates deems the right to disqualify any finalists based on inability or unwillingness of availability.

I have read the Official Rules of the Putnam Dental Associates Stars & Smile program and understand that if I do not comply with the items herein, I will be disqualified from the program.

Signature: _____ Date: _____

DO NOT RETURN THIS PAGE



BEFORE YOU RETURN YOUR APPLICATION, PLEASE READ THE FOLLOWING:

1. Be sure all sections of this application are filled out completely, correctly and legibly. Any additional sheets and pictures should be attached and noted accordingly.
2. Make a copy of this application for your files.
3. The deadline to submit your application is November 30, 2017 at 5:00pm (EST).
4. Scan and email your application to pdamarketing@comcast.net
5. You can also apply via www.PutnamDental.com on the Stars & Smiles page.

APPLICATION CHECKLIST:

- APPLICANT INFORMATION/APPLICATION**
- PATIENT AGREEMENT FORM**
- RELEASE FORM**
- OFFICIAL RULES**
- PHOTOS/VIDEO FOOTAGE**

WHAT HAPPENS AFTER I SEND IN MY COMPLETED APPLICATION?

The deadline to submit your application is November 30, 2017 at 5:00pm (EST). Any submission received after 5:00pm (EST) on November 30, 2017 will not be accepted. Putnam Dental Associates will review all applications submitted before the deadline. You will be contacted if your application is initially approved within 45 days. In order to keep the process moving, we ask that you do not contact our office to check the status of your application. These types of calls will not be returned to you.

If your application is selected to move forward, you will receive written notification indicating the status of your case. Please be aware that this process will take time (potentially several months).

If you are selected as a final candidate, you will be notified in writing and a schedule will be made to begin the procedure. The length of the procedure will be determined by the Putnam Dental Associates dentist.

Please note that all program correspondence will be in writing. If your email or physical address changes, please inform Putnam Dental Associates right away. If we are unable to contact you, your case may be closed.