



### **2019 Smile Makeover Contest Application Process**

- 1) Fill out and submit the Smile Makeover Application before midnight on Sunday, Sept 15.
- 2) Write a 500 word or less explanation of why you or your nominee should be gifted the Smile Makeover.
- 3) Include 1 to 5 photographs of you/your nominee.
- 4) Review the official contest rules. Verify that you or your nominee is eligible for the contest. (Must be 18 years of age, be a current patient at Riverside Family Dental or Kalona Family Dental or reside in Riverside, Kalona, Lone tree, Ainsworth Hills, Wellman, West Chester or Washington, Iowa.)

5) Submit all materials to:

Kalona Family Dental  
PO Box 841  
Kalona, IA 52247  
Or, email to [info@kalonafamilydental.com](mailto:info@kalonafamilydental.com)

Applications must be received by midnight on Sunday, September 15, 2019.