

Smile Makeover

Tan Orthodontics
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Woodland, CA 95695
530.662.5240
www.tanortho.com

Please type or write legibly

Name of person submitting the application:

First/Last name:

Address/ City/ State/ Zip code

Phone number: _____

Smile Makeover Nominee

First/Last name:

Address/ City / State / Zip code:

Phone number: _____

Write a brief story explaining: What is special about your relationship with this person? Why do you feel this individual deserves a Smile Makeover? Are there any unusual/interesting circumstances?: (attach additional pages as needed)

Please attach a picture of the individual you are nominating.

This contest will run from July 1 – August 31, 2009. Team members at Tan Orthodontics will select 5 finalists from the applications received and the final selection will be made after a screening and examine of the nominees.