



Seattle King County
Dental Society

YES... Count Me In!

Give Kids A Smile, 2019

Yes! My dental team and I would like to do something for National Children’s Dental Health Month and Give Kids A Smile.

Name

Address

City / State / Zip

Phone / Fax

Email



ADA American Dental Association®

Please check **all** that apply:

I would like to be connected with a school in my area to accept referrals.

I will accept referrals for the following day only:

Demographic	Elementary	Middle / Junior High	Senior High
Date			

I would like to be connected with a service agency in my area to accept referrals.

I will accept referrals for the following day only: _____

I am already doing something for Give Kids A Smile Day and I would like that publicized:

Date of my event: _____

I am already doing something for Give Kids A Smile Day, but I would like Seattle-King County Dental Society to make _____goody bags. (Please notify our office 2 weeks prior to your event.)

I would like to receive free treatment supplies (first-come, first-served).

**Washington Dental Service
Foundation**

Community Advocates for Oral Health

Please return this form to SKCDS:

Fax: 206.443.9308

Email: skcnds@skcnds.com

1111 Harvard Avenue
Seattle, WA 98122

The Seattle-King County Dental Society is committed to improving oral health in our community through our members and alliances.