| ../Downloads/PayItForward.v1.pdfPay it Forward Orthodontic Treatment Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: | | | | | |
| Parent/Guardian Name: | | | | | |
| Applicant’s Date of Birth: | | | Gender: | | |
| Applicant’s Address: | | | | | |
| City: | State: | | | ZIP Code: | |
| Phone Number: | | Email Address: | | | |
| Relationship to Nominee: | | | | | |
| Nominee Information | | | | | |
| Name: | | | | | |
| Parent/Guardian Name: | | | | | |
| Nominee’s Date of Birth: | | | Gender: | | |
| Nominee’s Address: | | | | | |
| City: | State: | | | ZIP Code: | |
| Phone Number: | Email Address: | | | | |
| Nominee’s Dentist: | | Date of Nominee’s  Last Dental Appointment: | | | |
| Dentist’s Address and Phone Number: | | | | | |
| Signatures | | | | | |
| I authorize all documents and photos submitted to become property of Kelson Orthodontics. It is understood that the names and photos submitted will be used for official announcements | | | | | |
| Signature of applicant: | | | | | Date: |
| Signature of Parent/Guardian: | | | | | Date: |
| Signature of Nominee: | | | | | Date: |
| Signature of Nominee Parent/Guardian: | | | | | Date: |

../../../Volumes/KelsonOrthodontics/KO%20Brains/Marketing/Logo%20copy/Logo/Logo%20PDF's%20back

**How did you hear about us?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**How has the Nominee made a difference for others? How is the nominee involved in the community?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Why do you believe the Nominee wants braces? How do you believe braces will improve their life?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Pay It Forward Orthodontic Treatment Terms and Conditions**

**Application Guidelines:**

* Applications must be submitted by June 29, 2018
* Application, questionnaire and photos may be submitted in-person or mailed to:

**Kelson Orthodontics**

**5004 N. Linder Rd**

**Meridian, ID 83646**

* They may also be E-mailed to:

**frontdesk@kelsonorthodontics.com**

* Nominee must reside within the Treasure Valley
* Must demonstrate an aesthetic need for braces and have good oral hygiene
* Must follow the treatment plan and commit to attend all appointments on time
* Must agree to see a dentist every 6 months

**Application requirements:**

* Applicant may nominate his/herself or someone whom they feel has made a difference in their life or the life of someone else.
* By submitting an entry, the nominee must agree to all terms and conditions
* Two photos of the nominee must be submitted for consideration. One photo should be a headshot with a full smile and teeth, the second photo should only show the participants teeth.
* All answers on application must be completed.
* Applicant and Nominee must agree to release names and photos for official announcements and presentations done by Kelson Orthodontics.
* The winner must be willing to document their experience through photos, videos and interviews.
* The winner will receive full comprehensive treatment at Kelson Orthodontics, this will include braces, all adjustment appointments, all necessary retainers and follow up visits. This does not include ceramic brackets or Invisalign treatment.
* Retainers will be guaranteed for 2 years after treatment or until the patient graduates from high school.
* A dental exam and cleaning may be required prior to bonding appointment, any pending dental work may be subject to completion prior to bonding.
* Comprehensive treatment will not include any dental treatment, cleanings or oral surgery.
* Current patients in treatment, or patients who had treatment in the past at Kelson Orthodontics as of March 27, 2018 are not eligible to apply.
* The selected Nominee will be contacted within 2 weeks after the campaign completion. If the Nominee should not respond within 7 days, the selection will be forfeited and another winner will be selected.