

**Nomination Form**  
**Montana Dental Association**  
***2005 T. T. Rider Award***

**Please feel free to submit additional information or documentation in any or all categories to better represent your nominee.**

<b>Nominee</b>	_____
<b>Nominee's Address</b>	_____ _____
<b>Nominee's Office Phone</b>	_____

Background including family, education and postdoctoral training

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Armed Services Experience (Nature of practice, awards, branch, etc.)

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Practice Summary (Location, specialty, etc.)

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Local Dental Society Activities (Offices, committees, etc.)

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Local Community or Civic Activities (Church, schools, service clubs, etc.)

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State Dental Society Activities

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ADA Activities

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Other State or National Level Experience

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Other contributions or activities

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Why does the nominee exemplify  
“outstanding service to the profession and to the community?”

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**Nominating District or MDA Member** \_\_\_\_\_

**Submitted By** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Date** \_\_\_\_\_