

EXHIBIT ENTRY FORM

Date submitted: _____ (Submit by August 15, 2017)

Category: Doctors' Day Health Education Medical Heritage

Name/Title of Project: _____

COUNTY PROJECT:

Name of Auxiliary/Alliance: _____

Number of Members: under 49 50-99 over 100

STATE PROJECT

Name of State: _____

Submitted By/Contact: _____

Position: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Name of member who will bring project to SMAA Annual Meeting:

Attach a typed report to this entry form addressing the following criteria. Much of the judging is based upon the planning and goals presented in the entry form. The project must be documented at the annual Meeting in order to be eligible for any award. (Limit of 4 typed pages.)

1. *Overview:* Describe your project in 1-2 paragraphs.
2. *Goal of Project:* What problem or need did this address? If your project has not been completed by the August 17th deadline, you may include your best plans and judgment as to your goals. Judges will review the final evaluation at the meeting.
3. *Implementation:* Describe how the project was carried out from start to finish or how you plan to carry out the project. List any collaborative effort.
4. *Evaluation of Project:* What effect did the project have on the community? Were your goals met?

Mail entries to: SMAA Headquarters
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Or email to kblackmon@sma.org