

**ENTRY FORM**

Date \_\_\_\_\_

Doctors' Day \_\_\_\_\_ Health Education \_\_\_\_\_ Medical Heritage \_\_\_\_\_

Category \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Auxiliary/Alliance: \_\_\_\_\_

County Project: \_\_\_\_\_ State Project: \_\_\_\_\_  
Number of Members \_\_\_\_\_ Number of Members \_\_\_\_\_

Submitted By: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of member who will bring display to convention: \_\_\_\_\_

Mail entries to:     **SMAA Headquarters  
P.O. Box 190088  
35 Lakeshore Drive  
Birmingham, AL 35219-0088  
Attn: Lana Burwell**

Please describe your project addressing all of the following criteria: (Limit of 4 typed pages, double-spaced)

1. Overview (Describe your project)
2. Purpose of Project (What problem or need did the project address?)
3. Goal of project (What did you hope to achieve?)
4. Implementation (Describe how the project was carried out from start to finish. Please include as many details as possible)
5. Evaluation of project (What effect did the project have on the community? Were goals met?)