



Christian Dental Society

PO Box 296, Sumner, IA 50674; cdssemt@netins.net

Dr. Ron Lamb Mission Service Award

Please e-mail or snail-mail to CDS office by July 1st

Nominee Information:

Name of Nominee _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

E-Mail Address _____

Please tell about the Nominee, including how their Christian faith has been used on the dental mission field. Are they committed to the dentally underserved? Please give examples of ethical integrity, professional competence and integration of faith and practice. Has the Nominee encouraged and mentored others towards the mission field?

This mission service award will be presented at the CDS banquet during ADA convention in October with a plaque and a \$500 World Dental Relief certificate from Dr. Ron Lamb.

If more space is desired, please attach another piece of paper.

Person Submitting this Nomination _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Fax _____

E-Mail Address _____