

Sample form, not for offline completion.

Visit <https://awards.incisaedgemagazine.com> to nominate.

2025 Design Contest

Incisal Edge Magazine's Design Competition aims to reward creativity and innovation. We've invited a blue ribbon panel of judges, who will select the top designs, and provide their thoughts on each.

ENTRY RULES:

- Nominee must be at least 21 years old.
- Must be a current, practicing, licensed dentist and a legal resident of the United States.
- You may not enter an office in more than one category.
- You may nominate more than one person—complete a separate entry for each nominee.
- Dental professionals are welcome to self-nominate and should feel free to nominate a colleague.
- Previous Incisal Edge Design Contest winners are not eligible to win.

If you have questions, please contact us at editor@incisaedgemagazine.com.

Entries will be accepted through November 29, 2024 @ 11:59 PM ET.

Select Contest Category

Entry name

Entry name is the name of the person you are nominating.

I have selected the Contest Category (listed above) in which I would to submit my nomination.

Yes

This will determine the correct nomination form to use.

Nominator/Nominee Required Info

NOMINATOR INFO

Nominator's First & Last Name

Nominator's Email Address

NOMINEE INFO

Nominee's First Name

Nominee's Last Name

Nominee's Email Address

Please provide best email address to contact the nominee should they be selected.

Nominee's Office Phone Number

Has the nominee won ANY Incisal Edge Magazine contest in the past?

Yes

No

If the nominee has won ANY Incisal Edge Magazine contest in the past, please select Yes.

Is nominee a Benco Dental Customer?

Yes

No

Nominee need not be a Benco Customer to enter or win. This information is utilized only to notify the nominee's Benco Dental sales representative if they have been selected.

Nominee's Practice Name

Nominee's Practice Address

Street, City, State, Zip Code

Design Contest Category

Best New Construction

Best Repurpose

Best Specialty

Best New Construction: New Build Best Repurpose: Original Use for Non-Dental Best Specialty: Endo / Ortho / Pedo / Pero / Surgical

Office Overview/Description of Office Space

Describe—in detail—the work you've done, where you started, how it ended, the work along the way, how many operatories. Describe the office space, patient amenities, design style. What makes your dental office stand out, why should your office space be chosen?

Challenges in construction resulting from design, location, materials? (optional)

Date Work on Office Began

Date Work on Office Completed

High-Res Photo: Interior 01



High-Res Photo: Interior 02



High-Res Photo: Interior 03



High-Res Photo: Interior 04



High-Res Photo: Interior 05



High-Res Photo: Interior 06



High-Res Photo: Exterior



High-Res Photo: Floorplan



Nominee is a current and legal resident of the United States.

Yes

No

Please upload current headshot of nominee.



This can be a provided photo or a photo of them that you have downloaded from their website.

REMEMBER TO SUBMIT YOUR ENTRY!!!!!!

The form must be complete and you must click the Submit entry button to formally submit your nomination to move on to the judging round.

Nominations remaining In Progress at the end of the nomination period will NOT move onto the judging round.

Questions? Email editor@incisaledgemagazine.com.**