

2020 Design Innovation Awards Entry Form

Is Your Practice a Winner? It could be. Enter the ADA Design Innovation Awards and receive the recognition your practice deserves for a new build (large or small) or an exciting remodel from the past three years. Winning dental facilities will demonstrate an interesting or innovative use of space and color with an eye towards function and a design that enhances the patient and staff experience in your office. Judges from the ADA Council on Dental Practice will select three finalists from each category. Votes can then be cast via an online voting website to determine the winners. Winners will receive a \$1,000 prize and be featured in ADA publications. Submissions will be accepted July 6–September 4, 2020 and winners will be notified by November 15, 2020. Enter today!

DESIGN CATEGORY* **Small New Buildout** (1,000 sq. ft. or less) **Large New Buildout** (over 1,000 sq. ft.)
 Remodel

**To qualify, new buildouts and remodels must have been completed within the past three years (after June 2017).*

CONTACT INFORMATION

Company Name _____

Name _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone (Office) _____

Phone (Mobile) _____

Email _____

PROJECT OBJECTIVES

State your project objectives and detail any obstacles you overcame where applicable. Please limit each response to no more than 250 words.

PROJECT OBJECTIVE AND DESIGN SOLUTIONS SUMMARY

Summarize both your overall project objective and design solutions. Keep in mind that judges will evaluate your entry on the following categories: aesthetic appeal (including use of color, light/windows and theme), utilization of technology, function/efficiency, and innovation.

DESCRIBE HOW YOUR DESIGN ACCOMPLISHED YOUR OBJECTIVE.

PROJECT CHARACTERISTICS

Total net square footage of practice: _____ sq.ft. (*“Net” is usable interior area only.*)

Total area of property (if a building): _____ sq.ft.

PROJECT COSTS*

Please tell us the total cost of your project, then complete the appropriate columns below that apply to your project. **Project cost information is kept strictly confidential.*

TOTAL PROJECT COST _____

| PROJECT | COST PER SQ. FT. | TOTAL COST |
|--|------------------|------------|
| Professional Fees (Architects, Interior Designers, Etc.) | _____ | _____ |
| Cabinetry Cost, if not included in construction contract amount | _____ | _____ |
| Equipment (not including cabinetry, see above) | _____ | _____ |
| Furnishings, Accessories, Artwork | _____ | _____ |
| Computer Equipment | _____ | _____ |

PROJECT FINANCING

What type of financing did you use for your project?

TYPE

- Local bank
- Specialty lender
- Self-funded
- SBA

Other: _____

FLOOR PLAN

Please submit a floor plan including each of the items noted below. Please do not submit blueline sets of drawings. Please submit a digital file of the floor plan in PDF format.

- Legible, black and white reproduction for each floor in PDF format
- Drawn to scale (with scale noted)
- Usable square footage noted for each floor
- Label all rooms and functional spaces
- Include dental chairs and furniture
- For renovation and expansion projects, please submit pre-existing floor plan (before photos not necessary)

PHOTO REQUIREMENTS

A set of labeled interior and exterior office digital photos and operatory demo digital photos must accompany your entry. Photo requirements are listed below.

INTERIOR AND EXTERIOR OFFICE PHOTOS¹:

At least one photo of the following:

- Operatories/Treatment Rooms²

At least one photo of each of the following (if applicable):

- Dental Office Exterior
- Laboratory
- Front Desk and Business Area
- Reception Area
- Central X-ray
- Dental Mechanical Room
- Doctor's Office
- Sterilization
- Technology Server Closet
- Staff Lounge
- Consultation Area

PLEASE NOTE:

1. You may submit up to, but not exceed, 50 digital photos maximum.
2. Digital photo quality is essential. Photo resolution of 300 dpi is required.

¹ Judges must clearly see each room's layout and all furnishings, as well as equipment and technology.

² For Operatories/Treatment Rooms, be sure to include shots from all angles of the room clearly showing all features of the space, including all walls and the ceiling.

DESIGN INFLUENCES

What ultimately influenced the design of your new office? Please check all that apply.

- Design course
- "Office of the month" features
- Architectural/design magazines
- Observations from other offices
- My own design innovations
- Unique design requirements for my practice
- Problems needed to be solved
(patient flow, operatory size, equipment placement)
- Professional design team
- Dental equipment supplier
- General contractor
- Practice management consultant
- Opinions and observations of family, friends and staff

Other:

ADVICE ABOUT DESIGNING A DENTAL FACILITY

What advice would you share with other dentists who are considering building or remodeling a dental office?

PLEASE EMAIL THIS COMPLETED FORM TO DESIGNINNOVATION@ADA.ORG BY SEPTEMBER 4, 2020
Photos should also be submitted via the above email address. Zip files are not allowed. Please send via file sharing platform such as Dropbox or Google Drive or send multiple emails with photo files attached.

Questions? Call ADA Member Advantage at 312.587.4700 or email designinnovation@ada.org.

Visit ADA.org/DIA for complete contest rules.

RELEASE

I hereby give the American Dental Association (“ADA”), ADA Business Enterprises, Inc. (“ADABEL”), and each of their affiliates, licensees, successors and assigns, the perpetual right to use, distribute, and publish, in any medium whatsoever, (i) my name and other basic biographic information (i.e., Member since x date, specialty, etc.), and (ii) the pre-approved photograph(s), recording(s), testimonial(s), quote(s), video(s), or other likeness that were taken of or given by me on or about July 6–September 4, 2020 (the “Property”), including the right to modify the Property (e.g., the ability to crop and otherwise alter and edit my voice, photograph or other likeness), with or without identifying me, as part of ADABEL’s marketing efforts to make ADA members aware of the Design Innovation Awards (the “Project”).

I agree that I will not assert or maintain against ADA, ADABEL, or their affiliates, employees, agents, successors or assigns, any claim or demand of any kind, including but not limited to, those grounded upon defamation, invasion of privacy, rights of publicity or other civil rights, in connection with the ADA’s authorized use of my biographic information and the Property in connection with the Project.

I hereby waive all rights to any consideration or reimbursement, whether by payment of money or otherwise, for the permission granted by me hereunder.

This Release shall also extend to the benefit of the advertising agency, if any, and the photographer/videographer.

I am of legal age and have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this Release.

SIGNATURE _____

DATE _____