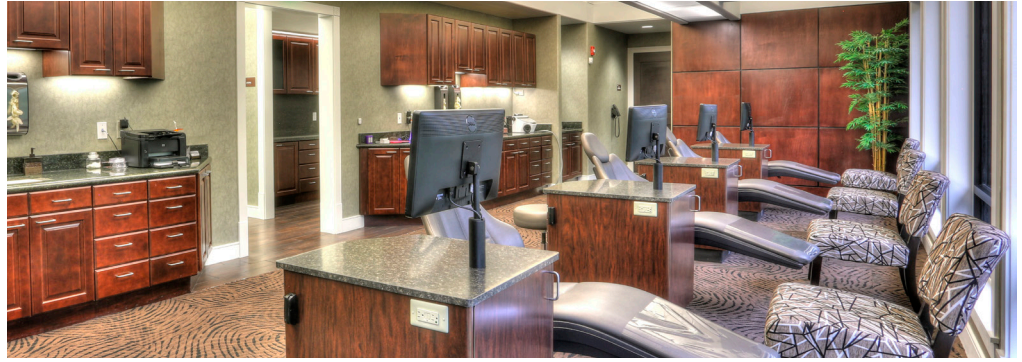


2015 DENTAL OFFICE DESIGN COMPETITION



ENTRY FORM

Is your practice a winner?

To submit your entry:

Entries not meeting all requirements will be disqualified.

1. Use a standard 3-Ring binder.
2. Insert each item listed below into a clear sheet protector and place in the binder.
3. Please place items in the following order:
 - Completed Entry Form
 - Project Objectives
 - Floor Plan and, if available, Site Plan *(See page 5 for details.)*
 - Photo prints (labeled and in clear plastic sleeves)
 - CD with the following files *(Thumb drives or other data storage devices will not be accepted):*
All photos, Entry Form, Site Plan *(if available)*, Floor Plan, and Project Objectives *(see page 4 for requirements)*
 - Signed Model Release forms for each individual pictured in your photos
 - Related project information, letters, articles, etc. *(optional)*

PLEASE COMPLETE ELECTRONIC FORM

Name _____ Project Completion Date _____

Practice Name _____

Are you an ADA® Member? Yes No ADA member number: _____

Practice Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

The Competition opens on February 26, 2015. All entries must be postmarked by July 31, 2015.

If there are an insufficient number of qualified entries for a particular category, there may not be a winner declared for that category. Upon completion, please submit this entry form, photos, and all additional requested information to:

Wells Fargo Practice Finance
Attn: **Dental Office Design Competition**
2000 Powell Street, 4th Floor
Emeryville, CA 94608

Brought to you by:



Questions or Comments?
Call **1-800.326.0376**
Or visit **www.wellsfargo.com/dodc**



Wells Fargo Practice Finance is a sponsor of the Dental Office Design Competition but does not participate in the judging process. There is no scoring or bias predicated on project financing or lender relationship.
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COMPETITION OBJECTIVE, ELIGIBILITY AND AWARD CATEGORIES

Objective: The Dental Office Design Competition recognizes dental facilities that most effectively express the practice philosophy of its practitioner(s) and demonstrate a thoughtful assembly of design characteristics associated with an up-to-date dental facility. Consideration will be given to the following design characteristics:

- Efficiency demonstrated by a well-conceived floor plan, including cabinetry and dental equipment placement
- Effective application of dental technology well suited to the practice style and treatment objectives
- Innovative and inspirational design solutions
- Aesthetics that effectively relate the expressed practice philosophy
(See detailed judging criteria under project objectives on page 4.)

Eligibility: All newly built offices and offices with leasehold improvements or renovations completed between January 1, 2012 and December 31, 2014 are eligible to enter the Dental Office Design Competition. All practice types are welcome. Only dentist owned practices are eligible to enter.

Evaluation and Judging: Within each category, practice philosophy and all other elements used to determine the best facility are weighed equally. A panel of judges, consisting of but not limited to dental practice specialists including, an architect, interior designer, ergonomic specialist, and equipment and technology specialist will judge each entrant by November 4, 2015. (See detailed judging criteria under project objectives on page 4.)

Award Categories*: A Grand Prize “Dental Office Design of the Year” winner will be selected from both Small Practice and Group Practice categories. Outstanding Achievement awards will be given according to the business or design objectives below: (See Award Menu on page 8 for prize details.)

“Dental Office of the Year” is awarded to the best overall facility as evidenced by effective functional design, efficient interior space planning and appropriate integration of dental equipment and technology. (One award designated for both Small and Group Practices.)

Up to three awards will be given to dental facilities (regardless of Small or Group Practice), in the following award categories:

Outstanding Design Efficiency Most effective space planning and use of square footage to meet practice needs and objectives.

Outstanding Specialty Practice Best new, remodeled, or expanded facility for a specialty practice.

Outstanding New Dentist Practice Best new, remodeled, or expanded facility for the first practice owned by a doctor or group of doctors who have graduated from dental school since 2005.

Winner Notification: Winners will be notified by phone call or email by November 30, 2015. Prizes to be awarded by December 31, 2015; editorial and website coverage varies per publication.

* Some awards may not be given if there are an insufficient number of qualified entries, or the judges determine that a strong enough entry is not presented in a particular category. Wells Fargo, Dental Economics, and ADA as sponsors do not participate in the judging process. Public officials are also excluded from the judging process.

PRACTICE PROFILE

Please indicate your practice size and type to determine the award categories for which you will be eligible. For eligibility purposes, a part-time owner or associate equals one practitioner.

- Small Practice** - One to two practitioners regularly working simultaneously in practice. (Up to nine chairs in the practice.)
- Group Practice** - Three or more practitioners regularly working simultaneously in practice. (More than nine chairs in the practice.)

OWNER(S):

Name	Dental School	Grad Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this the first practice you have owned? yes no

Please check here if you graduated from dental school after January 2005.

General Practice

- Cosmetic & Restorative Dentistry

Specialty Practice

- Endodontics*
- Oral and Maxillofacial Surgery*
- Orthodontics*
- Pediatric Dentistry*
- Periodontics*
- Prosthodontics*
- Other _____

*American Dental Association
recognized Board Certified Specialties

PERSONNEL (indicate number and full/part-time status):

Position	Full-time	Part-time	TOTAL
Associate Dentists	_____	_____	_____
Hygienists	_____	_____	_____
Dental Assistants	_____	_____	_____
Registered Dental Assistants	_____	_____	_____
Registered Dental Assistants (Expanded)	_____	_____	_____
Administrative	_____	_____	_____
TOTAL	_____	_____	_____

Indicate typical number of Dentists and personnel operating in facility at any one time:

_____ Dentists _____ Associate Dentists _____ Hygienists _____ Dental Assistants
 _____ Registered Dental Assistants _____ Registered Dental Assistants (Expanded) _____ Administrative

PROJECT CHARACTERISTICS

TYPE

- New Freestanding (Dedicated) Building (owned by operator) for your practice only
- New Freestanding Building (owned by operator) with additional lease space
- Leasehold (rented space, including shopping centers)
- Condominium (purchased /owned by operator)
- Remodel (modifications to an existing dental office structure)
- Remodel with expansion of space (modifications to an existing dental office structure)
- Conversion (adapting a structure that was previously not a dental office)
- Other (please explain): _____

SQUARE FOOTAGE

Total net square footage of practice _____ sq.ft. "Net" is usable interior area only.

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

CAPACITY

Number of treatment rooms _____ Number of parking spaces: Patients _____ Staff _____

PROJECT COSTS*

Please select and complete the appropriate column that applies to your project.

NEW BUILDING CONSTRUCTION PROJECT	LEASEHOLD OR OTHER PROJECT
Land Purchase** \$ _____	
Site Improvement** (grading, landscaping, etc.) \$ _____	
Construction Contract Amount (New Building & Interior Improvements. Including cost of parking lot.) \$ _____	
If building includes additional lease space, provide cost for dental portion only. \$ _____	
Existing Building (Purchase Price) \$ _____	Site Improvement** (grading, landscaping, etc.) \$ _____
Cabinetry Cost, if not included in construction contract amount \$ _____	Existing Building (Purchase Price)** \$ _____
Professional Fees (Architects, Interior Designers, Etc.) \$ _____	Construction Contract Amount (Interior Improvements) \$ _____
Equipment (not including cabinetry, see above) \$ _____	Cabinetry Cost, if not included in Construction Contract Amount \$ _____
Furnishings, Accessories, Artwork \$ _____	Professional Fees (Architects, Interior Designers, Etc.) \$ _____
Computer Equipment \$ _____	Equipment (not including cabinetry, see above) \$ _____
Other Costs (please specify): _____ \$ _____	Furnishings, Accessories, Artwork \$ _____
_____ \$ _____	Computer Equipment \$ _____
TOTAL Project Cost \$ _____	Other Costs (please specify): _____ \$ _____
Total Cost per sq. ft. \$ _____	_____ \$ _____
	TOTAL Project Cost \$ _____
	Total Cost per sq. ft. \$ _____

* Project cost information is kept strictly confidential. ** Required only if applicable.

PROJECT OBJECTIVES

State your project objectives and explain any obstacles you overcame where applicable. Please submit your responses to each of the four project criteria on one document, limiting each response to 10 bullet points maximum (no more than 250 words total per response). **Please include your Project Objectives on a CD in a Microsoft Word formatted file along with your digital files.**

1. Practice Philosophy

Describe your practice philosophy, including a description of your target market. How did this influence your design and construction decisions?

2. Project Objective and Design Solutions Summary

In 100 words or less, summarize both your overall Project Objective and Design Solutions.

3. Design Criteria Unique to Your Office

Explain how you and your design team approached each of the following design criteria in your new office. And, as appropriate, how this has had a positive impact on you, your staff and your patients. **Please submit your responses to each design criteria on one document, limiting each response to 10 bullet points maximum (no more than 250 words total per response.)**

- A **Function:** How does your new office improve efficiency for your staff and effectiveness with your patients? How were you able to address HIPAA privacy requirements?
- B **Dental Technology:** How do you currently use this technology? What are your plans for future implementation?
- C **Dental Equipment:** How was currently installed dental equipment integrated into the overall design of your facility? List pertinent future upgrades and/or additional components to be added later.
- D **Ergonomics:** How has your new office improved the ease of performing your dentistry? Consider specific design decisions made regarding the layout of your business and clinical work areas (especially the operator and business office), placement of equipment and computer components, and positioning of doctor(s) and staff.
- E **Aesthetics:** How is the "look" of your new office congruent with your practice philosophy? How does it affect or improve your staff and patient experience? How were you able to address any acoustic issues?
- F **Design Summary:** In 100 words or less, provide your top design and technology features.

4. Advice About Designing a Dental Facility

In 100 words or less, what advice can you share with other dentists who are considering building or remodeling a dental office?

DESIGN INFLUENCES

What were the major influences that ultimately affected the design of your new office? Please check all that apply. (Hint: "Major" would be those things you referenced, persons you resourced, or information you felt important to consider during the design of your new office.)

- | | |
|---|--|
| <input type="checkbox"/> Design course that I attended | <input type="checkbox"/> Professional design team member(s) I retained |
| <input type="checkbox"/> "Office of the month" features in dental publications | <input type="checkbox"/> My dental equipment supplier |
| <input type="checkbox"/> Design features I saw in architectural/design magazines | <input type="checkbox"/> My general contractor |
| <input type="checkbox"/> Ideas that I borrowed from other offices I visited | <input type="checkbox"/> My practice management consultant |
| <input type="checkbox"/> My own design innovations | <input type="checkbox"/> My spouse, family or staff members' opinions and observations |
| <input type="checkbox"/> Unique design requirements for my type or style of practice | <input type="checkbox"/> Other influences that should be mentioned: |
| <input type="checkbox"/> Pressing design problems that needed to be solved
(e.g. staff and patient traffic flow, size of spaces, placement of equipment, etc.) | _____ |
| <input type="checkbox"/> Research I did on dental equipment and technology | _____ |

PROJECT FINANCING

What type of financing did you use for your project?

- Local bank
- Specialty lender
- Personal funds
- SBA
- Other: _____

FLOOR PLAN

- Legible, black and white reproduction on 8 1/2" x 11" for each floor
- 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)
- Please do not submit blueline sets of drawings
- Include digital file of floor plan in PDF format, between 3 MB and 5 MB on a CD

SITE PLAN

(As applicable)

- Legible, black and white reproduction on 8 1/2" x 11" in PDF format on a CD

PHOTO REQUIREMENTS

A set of labeled interior and exterior office photos and operatory demo photos must accompany your entry. In addition to prints, digital photo files on CD must also be submitted with your entry.

Photo requirements are listed below.

Interior and Exterior Office Photos¹:

At least one 8" x 10" photo of the following:

- Operatories/Treatment Rooms²

At least one photo (minimum size 4" x 6") of each of the following:

- Dental Office Exterior
- Reception Area
- Doctor's Office
- Staff Lounge
- Laboratory
- Central X-ray (if applicable)
- Tray Prep
- Consultation Area
- Front Desk and Business Area
- Dental Mechanical Room
- Technology Server Closet

Operatory Demo "Access & Position" Photos (please use a "patient model" for these pictures³):

At least one photo (minimum size 4" x 6") of each of the following:

- Doctor and assistant working at the patient mouth
- Assistant accessing computer inputting device while Doctor is at the mouth
- Doctor reviewing diagnostic information with patient on patient view monitor
- Assistant positioning x-ray to patient at chair

Please note:

1. You may submit up to, but not exceed, **60 photos maximum**.
2. Photo quality is essential. We recommend, but do not require, using a professional photographer.
 - Judges must clearly see each room's layout, furnishings and/or equipment.
 - Digital photos must be printed on photo quality paper and have a minimum resolution of 300 dpi.
 - Retouched, computer-generated or color copies will not be accepted.
 - Insert all photos into clear plastic sleeves for easy visibility.
 - Do not mount photos. They must be removable.
3. Digital photos must be submitted on a CD in JPEG (.jpg) format, between 3 MB and 5 MB each.

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.

³ Entrants must submit a signed Model Release form for any and all persons included in entry photos.

PLEASE READ AND SIGN

The Dental Office Design Competition (the "Competition") is open only to legal residents of the 50 United States and the District of Columbia who are 18 years of age or older. Employees, officers and directors of Wells Fargo & Company (and all subsidiaries and affiliates of Wells Fargo & Company), of any other Sponsor or of any company which is represented by an employee on the judging panel are not eligible to enter. In addition, members of the immediate families (parents, children, siblings and spouses) or household members of any such employees, officers or directors are not eligible to enter.

The Competition is subject to all applicable Federal, State, and local laws and regulations, and is void where prohibited by law. The Sponsors reserve the right to cancel, suspend and/or modify the Competition if any fraud or other action or event corrupts the administration, security, or proper conduct of the Competition. The Sponsors reserve the right, in their sole discretion, to disqualify any entrant it finds tampering with the operation of the Competition, acting in violation of these rules or in an unprofessional or disruptive manner. The Sponsors reserve the right to seek damages and/or injunctive relief from any person or entity that deliberately attempts to undermine the legitimate operation of the Competition. The Sponsors' failure to enforce any term of these rules shall not constitute a waiver of that provision.

The undersigned entrant hereby irrevocably assigns to the Sponsors, all right, title and interest in and to entrant's Competition entry (together with any and all information included in the Competition entry form and all photos, video, documentation and information submitted in connection therewith, the "Submission"), without the expectation of compensation or acknowledgement (other than competing for and, if applicable, receiving a prize, if any, that is awarded to entrant in accordance with these rules). Participation in the Competition and entry of a Submission constitutes the undersigned entrant's consent to Sponsors' (and their successors', assigns', licensees' and designees') use of the Submission (including, without limitation, entrant's name, likeness, photographs and video) for promotional and other purposes in any manner or media (including, without limitation, online), worldwide, in perpetuity, and without further payment, consideration, notice or consent. Entrant shall provide to the Sponsors a written, signed authorization in the Model Release Form attached to the Competition entry form from each person appearing in any video or photo included in the Submission, allowing the Sponsors to use such individual's appearance, image and likeness without compensation or notifying such individual, or providing credit to such individual.

The undersigned entrant agrees to release, discharge, indemnify and hold harmless the Sponsors and their respective parents, affiliates, officers, directors, employees and agents from and against any claims, damages or liability of any kind resulting in whole or in part, directly or indirectly, from acceptance, possession, misuse or use of any award, entrant's Submission and/or participation in the Competition or any Competition-related activity. The Sponsors hereby disclaim responsibility and liability for any and all damages, costs, or losses that may be incurred as a result of or in connection with the Competition or an entrant's participation in the Competition.

Except where prohibited by law, all issues and questions concerning the construction, validity, interpretation and enforceability of these rules, or the rights and obligations of the undersigned and the Sponsors in connection with the Competition, shall be governed by, and construed in accordance with, the laws of the State of California, without giving effect to any choice of law or conflict of law rules (whether of the State of California or any other jurisdiction) which would cause the application of the laws of any jurisdiction other than the State of California.

The undersigned acknowledges and agrees that (i) the Sponsors do not participate in the judging panel and do not participate in the Competition judging process in any way, (ii) the Sponsors will not respond to inquiries regarding any judges' decisions or judges' comments relating to any Submission, and (iii) the entrant's Submission becomes the exclusive property of the Sponsors, and will not be acknowledged or returned by the Sponsors. Decisions of the Sponsors and/or the panel judging the Competition are final in all respects relating to the Competition.

The undersigned entrant represents and warrants that, to the best of entrant's knowledge, the entrant's Submission is true and correct. By participating, the undersigned agrees to be bound by these rules, the decisions of the Sponsors and the judging panel and waives any right to claim ambiguity in the Competition or these rules.

Owner/Dentist Signature

Date

Owner/Dentist Signature

Date

*** The Dental Office Design Competition is brought to you by:**

- Wells Fargo Practice Finance, 2000 Powell Street, 4th Floor, Emeryville, CA 94608
- Dental Economics, PennWell Dental Division, 1421 S. Sheridan Road, Tulsa, OK 74112
- ADA Business Resources, ADA Business Enterprises, Inc., 211 E. Chicago Ave., Chicago, IL 60611
- American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611

PROJECT RESOURCES

PROJECT ARCHITECT

Architect Contact Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Email _____ Website _____
Phone (_____) _____

PROJECT INTERIOR DESIGNER

Interior Designer Contact Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Email _____ Website _____
Phone (_____) _____

PROJECT DENTAL EQUIPMENT REPRESENTATIVE

Dental Equipment Specialist Contact Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Email _____ Website _____
Phone (_____) _____

PROJECT LENDER

Lender Contact Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Email _____ Website _____
Phone (_____) _____

PROJECT RESOURCE (other)

Indicate Type and Contact Name (i.e. project manager, contractor, etc.) _____
Company _____
Address _____
City _____ State _____ Zip _____
Email _____ Website _____
Phone (_____) _____

PLEASE TELL US HOW YOU HEARD ABOUT THE COMPETITION

- | | |
|--|---|
| <input type="checkbox"/> Mailer | <input type="checkbox"/> Practitioner colleague |
| <input type="checkbox"/> American Dental Association | <input type="checkbox"/> Project resource member |
| <input type="checkbox"/> <i>Dental Economics</i> | Type: _____ |
| <input type="checkbox"/> Wells Fargo Practice Finance representative | (i.e. architect, designer, equipment specialist, lender, project manager, contractor, etc.) |
| <input type="checkbox"/> Wells Fargo Practice Finance website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other website: _____ | |

2015 DENTAL OFFICE DESIGN COMPETITION



Award Menu

Wells Fargo Practice Finance is pleased to announce the following prizes:

DENTAL OFFICE DESIGN OF THE YEAR

Dental Office Design of the Year is awarded to the best overall facility as evidenced by effective functional design, efficient interior space planning and appropriate integration of dental equipment and technology. A Dental Office Design of the Year winner will be selected from both Small Practice and Group Practice categories.

**Winners will be announced in November at ADA 2015 - America's Dental Meeting in Washington D.C. Prizes will be awarded by December 31, 2015.*

Winners will receive:

- \$2,500 Bonus Marketing Fund! Invest in your office by dedicating these funds to maximizing your marketing programs and promotional efforts
- Prominent coverage in *Dental Economics*, the leading resource for up to the minute trends and breakthroughs in the dental industry. A feature story with photos of the winning dental office and dentist(s) will be included
- Announcement and practice showcase on Wells Fargo Practice Finance website
- An office plaque, recognizing the office as "Dental Office Design of the Year"
- Additional exposure through sponsor communications

OUTSTANDING ACHIEVEMENT AWARDS

Outstanding Achievement awards will be given (regardless of Small or Group Practice), from the following categories*:

- **Design Efficiency** — Most effective space planning and use of square footage to meet practice needs and objectives
- **Specialty Practice** — Best new, remodeled or expanded facility for a specialty practice
- **New Dentist Practice** — Best new, remodeled or expanded facility for the first practice owned by a dentist or group of dentists who graduated from dental school after January 2005

**Winners will be announced in November at ADA 2015 - America's Dental Meeting in Washington D.C. Prizes will be awarded by December 31, 2015.*

Winners will receive:

- Announcement and practice showcase on Wells Fargo Practice Finance website
- An office plaque, recognizing achievement in their particular category
- Inclusion in press release distributed to all dental trade publications
- Additional exposure through sponsor communities

Brought to you by:



* If there are an insufficient number of qualified entries for a particular category, there may not be a winner declared for that category. Wells Fargo Practice Finance is a sponsor of the Dental Office Design Competition but does not participate in the judging process. There is no scoring or bias predicated on project financing or lender relationship.

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2015 DENTAL OFFICE DESIGN COMPETITION



Model Release Form

I, _____, authorize Wells Fargo Practice Finance, *Your Name* *Practice Name*, Dental Economics, the American Dental Association and ADA Business Resources to publish photos taken of me as part of _____ entry for the 2015 Dental Office Design Competition in marketing materials including, but not limited to, print and online advertising, multimedia presentations and other marketing collateral. No additional information will be used in Wells Fargo Practice Finance's marketing materials unless I grant additional and separate permission.

Signed _____ Date _____

Model Name _____

Practice Name _____

Practice Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please return a signed and completed form for each model with your entry. Thank you.

Brought to you by:

