

ART SUBMISSION FORM (FOR SUBMISSIONS BY MAIL ONLY)

We encourage all art submissions be completed online through our website.

Please click the "Submit Art" button @ EmbracingOurDifference.org for requirements & details.

1. This submission form MUST be signed by the artist(s). Teachers may sign on behalf of their students.
2. By signing this form you acknowledge that: (a) your submission is an original concept and execution and is not a copy or reproduction of the art of another; and (b) you grant Embracing Our Differences and its assigns, in its sole and absolute discretion, without restriction or limitation, a non-exclusive, royalty free, perpetual, irrevocable license to use, publish, translate, create derivative works, distribute and display your work and personal information, including your name, age (if a student) and city/state of residence, for exhibits, catalogs, posters, advertising, educational, merchandising/promotional materials and other purposes throughout the world via any media now known or hereinafter devised.
3. Your submission package MUST include: (1) this signed submission form; (2) a high resolution (300 dpi) digital copy of your artwork in a JPG, TIF, EPS or PDF format measuring exactly 12.8" (325.12 mm) wide by 8.8" (223.52 mm) high, saved on a CD or thumb drive; (3) a color print of your artwork; and (4) an "Artist Statement." Please visit our website for detailed submission requirements.
4. Mail your submission package to:
Embracing Our Differences, P.O. Box 2559, Sarasota, FL 34230-2559 USA

For Express Mail or method requiring signature: Embracing Our Differences, 1661 Ringling Blvd, #2559, Sarasota, FL 34230

EMBRACINGOURDIFFERENCES.ORG

PLEASE PRINT

TITLE OF ARTWORK

ARTIST SIGNATURE

ARTIST'S NAME

DATE

Teachers may sign for students. • Use and attach a separate sheet of paper for additional artists' names & signatures if necessary.

FOR ADULT ARTISTS:

FOR STUDENT ARTISTS:

ADDRESS

STUDENT'S AGE

STUDENT'S GRADE

CITY, STATE, ZIP

STUDENT'S HOME ADDRESS* (OPTIONAL)

EMAIL

CITY, STATE, ZIP

PHONE (WITH AREA CODE)

STUDENT'S EMAIL* (OPTIONAL)

**This information is requested so winning students may be notified & invited to our annual Artists & Quoters Reception.*

TEACHER/SCHOOL INFORMATION:

SCHOOL NAME

TEACHER'S FIRST & LAST NAMES

SCHOOL ADDRESS

TEACHER'S EMAIL

CITY, STATE, ZIP

TEACHER'S PHONE (WITH AREA CODE)