

ART SUBMISSION FORM (FOR SUBMISSIONS BY MAIL ONLY)

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

1. Please review the "Submit Art" page of our website for detailed submission requirements.
2. This submission form MUST be signed by the artist(s). Teachers may sign on behalf of their students.
3. 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.
4. 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; (3) a color print of your artwork; and (4) an "Artist Statement." Please visit our website for detailed submission requirements.
5. Mail your submission package to:
Embracing Our Differences, PO Box 4177, Sarasota, FL 34230-4177 USA

For Express Mail or method requiring signature: Embracing Our Differences, 1661 Ringling Blvd, #4177, 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)