

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 every artist who participated in the creation of the work. Teachers may sign on behalf of their student(s).
2. By signing this form you acknowledge: (1) your submission is an original concept and execution and is not a copy or reproduction of the art of another; and (2) you irrevocably grant to Embracing Our Differences and its related organizations, affiliates and assigns, in its sole and absolute discretion, without restriction or limitation, a non-exclusive, worldwide, royalty free, perpetual, irrevocable license to use, publish, modify, adapt, translate, create derivative works, distribute and display your work and personal information, including your name, age (if a student) and city/state/country of residence, for exhibits, displays, 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 (minimum 300 dpi or higher, if possible) digital file of your artwork in a JPG, JPEG, TIF, EPS or PDF format measuring exactly 12.8” (325.12 mm) wide by 8.8” (223.52 mm) high, (or other larger size with an corresponding proportional height and width); saved on a thumb drive; (3) a color print of your artwork; and (4) an “Artist Statement.” Please visit our website for additional 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 other method requiring signature: Embracing Our Differences, 1209 S. Tamiami Trail, Sarasota, FL 34239 USA

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)