# 2028 EMBRACING OUR DIFFERENCES
# DEADLINE: MUST BE RECEIVED BY JULY 1, 2027

## 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 at 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 will agree to irrevocably grant to Embracing Our Differences and its related organizations, affiliates, licensees and assigns, in its sole and absolute discretion, without restriction or limitation, a non-exclusive, worldwide, royalty free, perpetual, irrevocable license (with the right to sublicense) 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. If your artwork is selected for display, you agree to execute additional documentation to effectuate this grant.
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, 1209 South Tamiami Trail, Sarasota, FL 34239 USA

**EmbracingOurDifferences.org**

### PLEASE PRINT

TITLE OF ARTWORK

ARTIST SIGNATURE

ARTIST'S NAME

DATE

### FOR ADULT ARTISTS

ADDRESS

CITY, STATE, ZIP

EMAIL

PHONE

### FOR STUDENT ARTISTS

STUDENT'S AGE

STUDENT'S GRADE

STUDENT HOME ADDRESS (OPTIONAL)

CITY, STATE, ZIP

STUDENT'S EMAIL* (OPTIONAL)

**This information is requested so winning students may be notified & invited to any special events that may occur.*

### TEACHER / SCHOOL INFORMATION

SCHOOL NAME

SCHOOL ADDRESS

CITY, STATE, ZIP

TEACHER'S FIRST & LAST NAME

TEACHER'S EMAIL

TEACHER'S PHONE (WITH AREA CODE)