

**National Disability Employment Awareness Month**  
**Texas Poster Art**  
**ENTRY FORM**

**Artist Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ TX Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you learn about this contest? \_\_\_\_\_

**Entry:**

Image Title: \_\_\_\_\_

Medium (ex: Oil on Canvas): \_\_\_\_\_

Dimensions (Height, Width, Depth): \_\_\_\_\_

**Acceptance of Terms:**

Please accept my work for consideration in the Texas NDEAM Poster Competition, sponsored by the Texas Governor's Committee on People with Disabilities. By applying I agree and submit to all the terms outlined in the Submission Guidelines. I acknowledge that in the event my submission is selected as the winner of the poster contest, my submission becomes the permanent and sole property of the Office of the Governor.

Artist's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit:**

- **This completed Entry Form**
- **Artist's Statement (up to one page), including a description of the artist's disability**
- **Digital or photographic image of artwork (submitted by email or postal mail)**

**Send to (Postmarked by March 15):**

NDEAM Poster Submission  
Governor's Committee on People with Disabilities  
PO Box 12428  
Austin TX 78711  
Email: [GCPD@governor.state.tx.us](mailto:GCPD@governor.state.tx.us)  
(512) 463-5739