**National Disability Employment Awareness Month**

**Poster Art Entry Form**

***Artist Contact Information:***

Name:

Address:

City, State, Zip:

Email:

Daytime Phone:

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.

***\*Please print and sign; an original signature must be on file at the GCPD office.***

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).

*Please be aware that all information that you submit to the Office of the Governor is subject to public disclosure under the Texas Public Information Act.*

* ***Send by posted deadline to:***

Governor’s Committee on People with Disabilities

Attn: NDEAM Poster Submission

P.O. Box 12428

Austin, TX 78711

Email: GCPD@gov.texas.gov

Phone: 512-463-5739