Governor's Council on Disability National Disability Employment Awareness Month 2024 Poster Contest Entry Form

Artist Contact Information

First Name	Last Name	
Address		
City	Zip Code	
Email	Phone	

How did you learn about this contest?

If other was selected, please explain:

Image Title:

Medium (ex: Oil on Canvas):

Dimensions (Height, Width -	no larger than 12x16 inches):
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The Americans with Disabilities Amendments Act defines disability as a physical or mental			
impairment that substantially limits one or more major life activities (walking, thinking, learning,			
communicating, etc.) It also includes having a history or a record of an impairment and being			
perceived as having an impairment.			
According to the definition above, are you a person with a disability? Yes No 			
Artist Statement/Bio – What was our motivation behind this artwork? What does employment			
inclusion mean to you and/or why is employment of individuals with disabilities important to you?			

Acceptance of Terms:

Please accept my work for consideration in the Missouri NDEAM Poster Competition, sponsored by the Governor's Council on Disability. By applying, I agree and submit to all the terms outlined in the Submission Guidelines.

Artist's Signature _____

Date _____

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

Submit:

- This completed Entry Form
- Artist's Statement/Bio (up to one page), including a description of the artist's disability, if applicable (*do not disclose any medical or confidential personal health information*)
- Original artwork (submitted by email or postal mail)

Please be aware that all information you submit to the Governor's Council on Disability is subject to public disclosure.

Send to (Entries must be received by September 15, 2024):

Governor's Council on Disability Attn: NDEAM Poster Submission 301 West High Street, Room 620 PO Box 1668 Jefferson City, MO 65102 Email: gcd@oa.mo.gov Phone: 573-751-2600