SHOWCASE DETAILS

ELIGIBILITY

Artists who have experienced mental illnesses, developmental disabilities, substance use disorders or co-occurring disorders currently living in Alabama

RULES

Artwork must be original, two-dimensional and matted, or on canvas — NO FRAMED artwork, no exception

Artist's STORY is just as important as their artwork — no entry will be accepted without a story

DATES

Entry submission must be RECEIVED no later than March 9, 2018

Acceptance Notification will be mailed or emailed March 23, 2018

Exhibition dates: May 1-25, 2018

SALES

Artwork may be sold with the artist's permission

HOW TO ENTER

SUBMIT

- I. The ENTRY FORM on the right,
- 2. Your STORY (preferably typed) AND
- 3. A PHOTO of the artwork you would like to enter;
- 4. As well as a self-addressed and stamped ENVELOPE not necessary if entering via email

EMAIL

Oh MAIL

peggy.olson@mh.alabama.gov

ADMH, Capitol Showcase Office of Public Information **RSA** Union Building P.O. Box 301410 Montgomery, AL 36130-1410

QUESTIONS

334-353-7538 or peggy.olson@mh.alabama.gov

ENTRY FORM

Λ	$\overline{}$	C	т

AR	RTIST
A	Name
	Address
	City, State, Zip
h	Phone
J	Email
ST	ORY
Or	n one page, in at least two paragraphs, tell us the following about yourself
	I. Obstacles you may have faced in life; i.e. describe your illness or disability.
	2. Challenges you may have overcome in life; i.e. talk about recovery and becoming more independent.
	3. How did you become an artist; i.e. do you have formal training or are you self-taught?
	4. Why do you like the kind of art you do?
AR	RTWORK
	Title
	Dimensions (HxW, to nearest inch)
	□ NOT FOR SALE □ FOR SALE Price
AC	GREEMENT
rul	ive permission for my name and story to be disclosed. I agree with the es of this exhibit and understand that ADMH is not responsible for any mage incurred by displaying artwork.
	Signature
	Date