

Call for Entries

Through My Eyes—Perspectives of Autism: April 2010

Juried art exhibition sponsored by the Riley Hospital for Children Christian Sarkine Autism Treatment Center in honor of National Autism Awareness Month.

Submission guidelines:

Any Indiana artist with an autism spectrum disorder, age 8 and above, is eligible to submit artwork for consideration.

- Artwork in this exhibit will NOT be for sale.
- All entries are due by **February 12, 2010**.
- All entries must include a complete entry form and image; electronic submission is strongly preferred. Incomplete entries will not be considered.
- A maximum of two images may be submitted (**do NOT send originals at this time**).
- Two-dimensional art media only (drawing, ink, painting, collage, etc).
- Images must be labeled with artist name, title, size, and media.

Send submissions via one of these methods below:

Artwork submitted on disc or as color prints must be submitted by US mail.

- Submit entry form and artwork electronically (preferred) at: www.psychiatry.medicine.iu.edu
- Paper entry form (on reverse of this sheet) is permitted with accompanying image of artwork (on disc as a digital jpeg image or as color print) by mail to:

IUSM Dept of Psychiatry, c/o Kellie Hindman

1111 West 10th St., PB A212

Indianapolis, IN 46202

*Images submitted by mail (on disc or color print) will not be returned.

Acceptance of submissions:

- Artists will be notified on February 19, 2010, **via email only**, of their acceptance.
- Required directions for delivery and pickup of artwork will accompany notification.

Exhibition dates:

- Exhibition will be held on the IU School of Medicine campus/Riley Hospital in late April 2010. Confirmed exhibition information will accompany notification of acceptance in show.

Requirements for participating artists once accepted for exhibition:

- Framing is not required; however, artwork must be presented in a professional manner and ready to hang - clean, flat and unwrinkled, and mounted on mat board or tag board.

Questions:

Any questions about submission or exhibition can be forwarded to Kellie Hindman at:

kmhindma@iupui.edu

317-278-5838

Indiana artists, age 8 and above, may submit two pieces for consideration in the show. This submission form is available online at www.psychiatry.medicine.iu.edu; electronic submission is preferred. If you are under the age of 18, you must include a parent/guardian signature for permission to participate in this show.

ENTRY FORM for 2010

Name		Age
Address		
City	State	Zip Code
County	Contact Phone	
Email Address for acceptance notification (required for notification and participation instructions):		
On the identifying nameplate at the exhibit, may we label your artwork by (please mark your preference):		
<input type="checkbox"/> Full Name and Age OR <input type="checkbox"/> First Name and Age	The county in which you live	<input type="checkbox"/> Yes <input type="checkbox"/> No

Artwork #1

Title		
Medium	<input type="checkbox"/> Framed or <input type="checkbox"/> Mounted	Dimensions X
Please give us a short statement about your work: what it is about, what it means to you, etc. These may be printed to accompany your artwork at the exhibit, if selected.		

Artwork #2

Title		
Medium	<input type="checkbox"/> Framed or <input type="checkbox"/> Mounted	Dimensions X
Please give us a short statement about your work: what it is about, what it means to you, etc. These may be printed to accompany your artwork at the exhibit, if selected.		

I give permission for my artwork to be viewed by a jury. I understand that my work may or may not be selected to be included in this show. If I am selected as an exhibiting artist, I give permission for my work to be identified as indicated above. I also give permission for the Christian Sarkine Autism Treatment Center of Riley Hospital for Children to reproduce my artwork for use on the web or in printed publications.

Artist Signature	Date
Parent/Guardian Signature	Date