

Love Your Tree

2010 Poster Campaign Registration Form

PLEASE PRINT CLEARLY

Artist Name: _____ Grade level: _____

Address: _____
Street address City State Zip

Email: _____ Phone: _(_____)_____

School: _____ Teacher: _____

Title of Artwork: _____

Art Media: _____ Size: _____

Artist Statement: "Like a tree, my body is..." _____

* Please call Kate Clemmer at (410) 427- 3886 to make arrangements to deliver your poster(s). *

**Be sure to include this *completed* form with your poster submission **

**Poster submissions will be accepted
July 16th through December 17th, 2010**



Physicians Pavilion North, Suite 300
6535 North Charles Street
Baltimore, Maryland 21204

"Love Your Tree" Photo Release (OPTIONAL)

By signing below, I agree to have my poster and/or myself photographed and displayed on the Center for Eating Disorders (CED) website: www.eatingdisorder.org. I fully understand that I will not be compensated for the CED's use of my poster on the website. I also acknowledge that my poster is not guaranteed to be chosen for display on the website.

Printed Name

Signature

Date

***If under 18, you must also have a Parent/Guardian sign here:**

Parent/Guardian Name

Parent/Guardian Signature

Date