

Love Your Tree

2008 Poster Campaign Registration Form

Name : _____

Address: _____

Email Address: _____

School: _____

Teacher: _____

Title of Artwork: _____

Art Media: _____ Size: _____

'Love Your Tree' Poster Statement:

"Love Your Tree" Photo Release

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

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


The Center for Eating Disorders
AT SHEPPARD PRATT
Physicians Pavilion North, Suite 300
6535 North Charles Street
Baltimore, Maryland 21204

Poster submissions will be accepted September 15th, 2008 through December 12th, 2008