

# 2010 Oncology On Canvas<sup>SM</sup> Art Competition and Exhibition

## SUBMISSION FORM

To enter, first complete the Registration Form self-mailer or online at [www.LillyOncologyOnCanvas.com](http://www.LillyOncologyOnCanvas.com) as soon as possible, but no later than June 10, 2010. Your submission package—including this Submission Form, your artwork and narrative—must be postmarked by June 30, 2010, and sent to:

Anita Chernewski, Art Competition Director  
 Lilly Oncology On Canvas  
 c/o TogoRun  
 220 East 42nd Street, 12th Floor  
 New York, NY 10017-5806  
 Tel: (866) 991-LOOC (5662); E-mail: [artdirector@mylooc.com](mailto:artdirector@mylooc.com)

### PLEASE PRINT LEGIBLY

Title (Mr./Mrs./Ms./Dr./Other) \_\_\_\_\_ First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Please select the category that best describes your cancer journey and the artwork you are submitting (check only one):

- Person diagnosed with cancer; type of cancer (please specify) \_\_\_\_\_
- Healthcare professional (physician, nurse or any professional member of a hospital or physician's office)
- Family member, friend or caregiver; type of cancer (please specify) \_\_\_\_\_

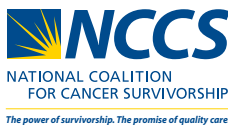
#### Category of art:

Watercolor     Oil     Pastel     Acrylic     Photography     Mixed Media (please describe) \_\_\_\_\_

Title of art: \_\_\_\_\_

#### Please read the following statements and indicate your acceptance of them by signing this Submission Form.

- \* I am 18 years of age or older.
- \* I hereby acknowledge that I have read, understand and agree to be bound by the Official Rules and Regulations of the *Lilly Oncology On Canvas* Art Competition and Exhibition.
- \* The artwork I am submitting is an original, of which I am the sole creator and owner.
- \* I understand that by submitting my artwork to the competition, I am transferring to *Lilly Oncology On Canvas* full ownership of and all rights I have to the artwork and narrative, such as all copyrights and the right to use, reproduce, display or publish all or any portion of the art and text in: any medium (e.g., online, print, television, electronic displays at medical meetings, or any other public forum); collateral materials (including, but not limited to, media materials, brochures, art books, postcards, Web sites, etc.); and exhibits. In addition, in coordination with Lilly and NCCS, non-profit cancer-related organizations may use *Oncology On Canvas* artwork as part of their fundraising efforts, without any payment to me or any financial benefit to Lilly and/or NCCS.
- \* I give permission to the competition presenters and organizers to make public the artwork, narrative, participant category, title and state or territory, as stated in the Official Rules and Regulations for this competition.
- \* I understand that the artwork I submit will not be returned to me, neither as an original or copy. I understand that, following the competition, some of the art will be: displayed at a media event announcing the winners; featured in the *Oncology On Canvas* art book and/or Web site ([www.LillyOncologyOnCanvas.com](http://www.LillyOncologyOnCanvas.com)); incorporated into a traveling exhibition that will embark on a nationwide tour, including cancer centers, hospitals and media events that may be televised nationally and/or featured on the Internet, at patient advocacy group events, etc.; and/or donated to cancer centers, hospitals and cancer advocacy groups nationwide. I understand competition presenters cannot commit to including any specific artwork in the *Oncology On Canvas* media event, art book, Web site, etc., nor can they ensure that my artwork will be featured in an exhibition or donated to a cancer-related charity.



Expressions of a Cancer Journey

The power of survivorship. The promise of quality care.

[www.LillyOncologyOnCanvas.com](http://www.LillyOncologyOnCanvas.com)

Answers That Matter.

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- \* I understand that the information I am providing may be used by Lilly USA, LLC (Lilly), and its business partners to provide me with information about *Lilly Oncology On Canvas*. By submitting this form, I indicate my consent to this use. I understand that I may request to be removed from your contact list by writing to Lilly at the following address: Lilly USA, LLC, P.O. Box 6245, Indianapolis, IN 46206-6245.
- \* If the entry is a photograph or any other likeness of any person, I warrant that **all persons** included in my submission have given permission for this creative work to be entered and utilized as described in the Official Rules and Regulations for this competition.
- \* If the entry is a photograph or any other recognizable likeness of a person who is under the age of 18, I warrant that I have written permission of the person's parent and/or guardian for this creative work to be entered and utilized as described in the Official Rules and Regulations for this competition.
- \* By submitting a photograph or any other type of art that is incorporating a recognizable or abstract facial image, I understand that these images will not be treated as confidential or private information, since they may be displayed publicly and will be transferred through systems such as the U.S. Postal Service where the sponsor cannot control the confidentiality of the work.
- \* I understand that the *Oncology On Canvas* Art Competition Director, the Director's assistants and/or agents may contact me for more information regarding this program and/or regarding my entry.
- \* As a participant in the competition, I may be offered the opportunity to participate in media interviews concerning the competition. I understand that I can either accept or decline this opportunity.

**Please check all that apply:**

- I am interested in telling my personal cancer journey story, possibly to the media or other interested parties. You may contact me by phone to discuss this further.
- I am a healthcare professional or government official and, based on applicable laws and regulations, understand that I may not be able to accept the awards, benefits and/or acknowledgements of this program.

**Before submitting your artwork, please review the following checklist to ensure your submission is complete; then check off finished items:**

- Completed all sections of this Submission Form and signed below.
- Enclosed artwork that is sized between 9" x 12" and 18" x 24".
- Written the name of the artwork on the back, but did not sign or write my name, address or any other personally identifiable information anywhere on the artwork (front or back).
- Enclosed a 100-word narrative, preferably typed in English.
- Carefully packed the artwork, narrative and Submission Form.
- Purchased a tracking receipt for the package to confirm its arrival.
- Postmarked the package by June 30, 2010.

I hereby submit my artwork and narrative to the *Lilly Oncology On Canvas* Art Competition and Exhibition and agree to abide by the Official Rules and Regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**How did you hear about *Oncology On Canvas*? Please check all that apply:**

- Healthcare facility/provider (please specify) \_\_\_\_\_
- Social worker
- Friend/family member/co-worker
- Past participant (I was a past participant or a past participant informed me about *Lilly Oncology On Canvas*)
- LillyOncologyOnCanvas.com
- Lilly Oncology On Canvas* exhibit
- Lilly Oncology On Canvas* art book
- Advertisement (please specify) \_\_\_\_\_
- An article published in newspaper or online; please specify newspaper or online publication \_\_\_\_\_
- Art class, center or program
- Cancer organization/support group (please specify) \_\_\_\_\_
- Professional association (please specify) \_\_\_\_\_
- An individual affiliated with Lilly
- Other (please specify) \_\_\_\_\_

If you have participated in this competition prior to your submission this year, what year did you participate? \_\_\_\_\_



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NATIONAL COALITION  
FOR CANCER SURVIVORSHIP

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