

Samaritan Health Services

# *Through a Veteran's Lens* Exhibition

## IMAGE SUBMISSION FORM

Name of veteran:

Rank and Service:

Years served:

Commands:

Conflicts:

Address:

Phone:

Email:

Photograph #1 title:

Artist statement (what this photo means to you):

Photo # 2 title:

Artist statement (what this photo means to you):

Photo #3 title:

Artist statement (what this photo means to you):

Photograph #4 title:

Artist statement (what this photo means to you):

**Submission deadline: April 30, 2022.** Email this completed submission form and images (high resolution jpeg files) to [ArtsCare@samhealth.org](mailto:ArtsCare@samhealth.org) with "Veteran's Photo Exhibit" in the subject line.

**Questions?** Contact Sara Krainik, ArtsCare Program Coordinator, at [skrainik@samhealth.org](mailto:skrainik@samhealth.org) or 541-768-6762. *Thank you for participating!*

