



*Making a world of difference in cancer care*

**EXPRESSIONS OF HOPE  
Artwork Submission Form**

Please complete this form and submit it with your artwork to the address below. If you are under the age of 18, a parent or legal representative must sign the form. Please also include contact information (mailing address, telephone number, e-mail address) as we require it for our records. Your contact information will not be sold or shared with any outside parties. **However, the rest of the information you provide below may be used and published by ASCO in connection with your artwork.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How did you hear about this project? \_\_\_\_\_

Artwork Medium Submitted: (crayon, water color, etc.) \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Date Artwork Created: \_\_\_\_\_

Artist's Age When Artwork Created: \_\_\_\_\_

Please Circle One of Choices Below: (optional)

Patient/Cancer Survivor

Family Member

Friend

Type of Cancer: (optional) \_\_\_\_\_

About the Artist (Attach a separate sheet of paper if needed.)

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Describe How Artwork is an Expression of Hope (Attach a separate sheet of paper if needed.)

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**Send artwork and this completed form to:**

The American Society of Clinical Oncology  
2318 Mill Road, Suite 800  
Alexandria, VA 22314  
ATTN: Kelly Powell/ASCO Patient Artwork

Permission: I am the artist or a parent or legal representative of the artist. By sending artwork to ASCO, I grant permission to ASCO and its affiliates to reproduce, use, and publish the artwork and the information provided on this form (except contact information as stated above) as ASCO finds appropriate in connection with its non-profit activities in furtherance of cancer research, care, and prevention. I have the right to grant this permission. I understand that the artist still holds the copyright and all other rights in the artwork.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date