



2020 Art for the Ages Entry Form

Name of Resident Artist: _____ Date of Admission: _____

Facility Name: _____

Facility Address: _____

Facility Administrator or Contact Person: _____

Contact Phone: _____ Contact Email: _____

Artwork Category/Medium (e.g. painting, drawing, photo): _____

Title of Artwork: _____ Year Created: _____

Will the Artist attend the Virtual Art for the Ages Show during IHCA's Convention? ☐ Yes ☐ No

Artwork Delivery: ☐ Artwork will be shipped to IHCA Office by September 4, 2020.

Biographical Information

Brief Artist Biography: _____

Brief history of artist's interest or training in their craft: _____

Background/idea behind this piece: _____

Brief facility description: _____

Submission of materials must be received by **September 4, 2020** to be considered for the Art for the Ages Show.
Before you submit this form, did you email your digital photos to jwebb@ihca.com?