

**SSM Health Care “Speak Up for Safety”
Poster Contest 2008
OFFICIAL ENTRY FORM**

(Please print clearly and firmly attach this form to the back of each poster)

Artist (Individual or Family): _____

Age: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____

SSMHC Relative: _____

Where does your relative work (facility and city)?: _____

SSMHC Relative's Work Phone #: _____

Permission is granted to SSM Health Care to use this (my/our) artwork in its hospitals, on its Web site and other non-commercial areas.

Artist Signature(s): _____

Parent/Legal Guardian Signature: _____

Date: _____

Posters must be submitted by **Friday, October 31, 2008**. Electronically scanned copy of the poster may be emailed to:

Laura.Morris@ssmhc.com or the actual poster may be mailed to:

SSM Health Care
Attn: Corporate Communications
477 North Lindbergh Blvd.
St. Louis, MO 63141