

**Visual Art Submission Form****1) Name:****Contact Phone Number:****2) Connection with program:**

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|--|---|
| <input type="checkbox"/> Student/Trainee (past or present) | <input type="checkbox"/> Patient of Cleveland Clinic (or patient family)                  |
| <input type="checkbox"/> Friend/Family of Dr. Thomas       | <input type="checkbox"/> CCF Employee (if so, what is your role in the healthcare system) |
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**3) Presentation is “in honor of/ in memory of/ or in thanks to”:**

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(can be more than one person) **(Optional)**

**4) What wisdom do you want to share about “Empathy and Valuing every person” in the healthcare environment?**

(Less than 200 words):

**4) Please submit your artistic narrative, title of piece and an image. If needed, attach your narrative separately.**

(Maximum length 1 page):

**SUBMIT**