

***BRAINSTORMS is part of EFM's Creative Arts Program, where creative minds raise epilepsy awareness through visual, music, written and performing arts.***

**Eligibility:** Anyone, any age, diagnosed with epilepsy and/or a seizure disorder.

**Medium:** Any art form will be accepted, unframed and with dimensions no larger than 24"x 36."

**Guidelines:** Artwork will be received from January 1 – April 15. One entry per person. Participants must mail or hand-deliver their artwork to:

BRAINSTORMS Art Collection  
Epilepsy Foundation of Minnesota  
1600 University Avenue West, Suite 300  
St. Paul, MN 55104

For additional information please contact Stephanie Kolari at 651.287.2312, or [skolari@efmn.org](mailto:skolari@efmn.org).

**Deadline:** All artwork must be received no later than April 15.

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## ARTIST INFORMATION

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

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

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Category:  Youth (17 & Under)

Novice (18 & Older)

Established Artist (18 & Older) - Please attach exhibit history if available.

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

**Please attach additional sheets if necessary to answer the following questions:**

Medium / Technique:

Description of Artwork:

What inspired this piece?

What is your seizure diagnosis and frequency of seizure activity?

What does it mean to you to have seizures?

Do you think your seizures have an effect on your creative abilities? In what way(s)?

Please add anything else you would like to share with us about your seizures and/or your artwork.

Please finish this statement: I participated in BRAINSTORMS 2011 because...

**How did you hear about BRAINSTORMS?** \_\_\_\_\_

*By submitting my artwork and commentary for inclusion in the Brainstorms Art Collection 2011, I understand they will become the property of the Epilepsy Foundation of Minnesota and will not be returned to me. **(If you would like to keep your original and provide us with a high-quality reproduction, please contact us about the possibilities.)** My artwork may be displayed at Epilepsy Foundation events and/or incorporated into Epilepsy Foundation materials. My artwork and/or my accompanying comments may also be displayed publicly at other events or locations, and may appear in media such as visual and print materials, the internet, radio, and television.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the below form and tape it securely to the back of your artwork.**

BRAINSTORMS Art Collection 2011	
NAME: _____	BIRTHDATE: _____
ADDRESS: _____	
TITLE OF ARTWORK: _____	
MEDIUM: _____	
CATEGORY: <input type="checkbox"/> Youth (17 & Under) <input type="checkbox"/> Novice (18 & Older) <input type="checkbox"/> Established Artist (18 & Older)	