

May 15–18
The Westin Richmond

A call for artwork and photos!





The 2024 Virginia EHDI Conference will be held on May 15-18 at The Westin Richmond, topics to be covered include hearing loss, hearing screening and diagnostic testing, cCMV, resources, and more. For more information on the conference, visit:

https://www.vdh.virginia.gov/early-hearing-detection-and-intervention/virginia-2024-ehdi-conference/

The photos and artwork will be displayed at the 2024 VA EHDI Conference, and some will be selected to be used on conference materials. The goal of this is to elevate the visibility of families with deaf, hard of hearing, and cCMV affected children. Please read the following instructions and fill out the required release form:

Artwork submissions should be mailed to the address below by March 30, 2024.

Virginia Department of Health James Madison Building 109 Governor Street 9th floor, Cube No. 920B Attn: Daphne Miller Richmond, VA 23219

Questions? Contact us at va_ehdi@vdh.virginia.gov or (804) 212-3020





Guidelines for Artwork and Photos

Photos

We are looking for photos of children who are deaf, hard of hearing, and affected by cCMV. Email to: va_ehdi@vdh.virginia.gov.

Artwork

We are looking for artwork from children who are deaf, hard of hearing, and affected by cCMV. Submissions can include a focus on drawings of:

 The child's favorite activities to do with friends and family

- · A family portrait
- Answering the questions "what does being deaf/ hard of hearing mean to me," "what communication means to me," "what makes me special," or "I like being deaf/hard of hearing because..."

Artwork should be sent on white 8.5×11 pieces of paper in a manila envelope.

Please, no artwork of copyrighted characters such as superhero characters or of their favorite cartoon and no professional or edited photos.

Release Form

-	egal guardian signing for a minor,	please complete this form	n with your name and p	orint the minor's name
and your rela	ation here:			
Minor's full name Minor's full name		Relationship to minor Relationship to minor		
			()	
Date	Full name (print)		Telephone	
Address		City		Zip
			()	
Date	Full name (print)		Telephone	
Address		City		Zip
	nt permission to the Virginia Depard d images (photographs and artwor s needed.		_	
Signatures o Include every a	f granters: dult in image(s) and/or the legal guardian o	of any minor		