

17th Annual

Kaiser Permanente Presents the Don't Buy The Lie Tobacco Use Prevention Billboard Contest

See Your Student's Ideas On Billboards.



(High School
Winning entry 2009)



(Middle School
Winning entry 2009)

Prizes

One Middle School Grand Prize Winner and One High School Grand Prize Winner from the Sacramento area will each receive a \$1,000 gift card. One High School Grand Prize Winner from the Central Valley area will receive a \$1,000 gift card. The Grand Prize Winning Posters will be placed on billboards throughout the Sacramento and Central Valley. Selected Runner Up Winners will receive a \$50 gift card.

Rules & Guidelines

- In order to be eligible for prizes, the student and parent/guardian need to sign the entry form.
- Participants must be enrolled in the 7th through 12th grades.
- The billboard message must be anti-tobacco.
- Only original artwork and original computer generated artwork will be accepted.
- No photographs or other copyrighted material.
- 10 words maximum.
- Must draw within the space provided on back.
- Write BOLD and CLEAR.
- Use BRIGHT colors.
- Do not use cartoon or comic characters (i.e. Mickey Mouse, Joe Camel, etc.)
- Do not use themes associated with death (i.e. graveyards, skull and crossbones, etc.)
- In order to be eligible for consideration, the entry form must be completely filled out.
- Student and parent/guardian need to sign the entry form.
- Keep it simple – remember that a picture is worth 1,000 words.

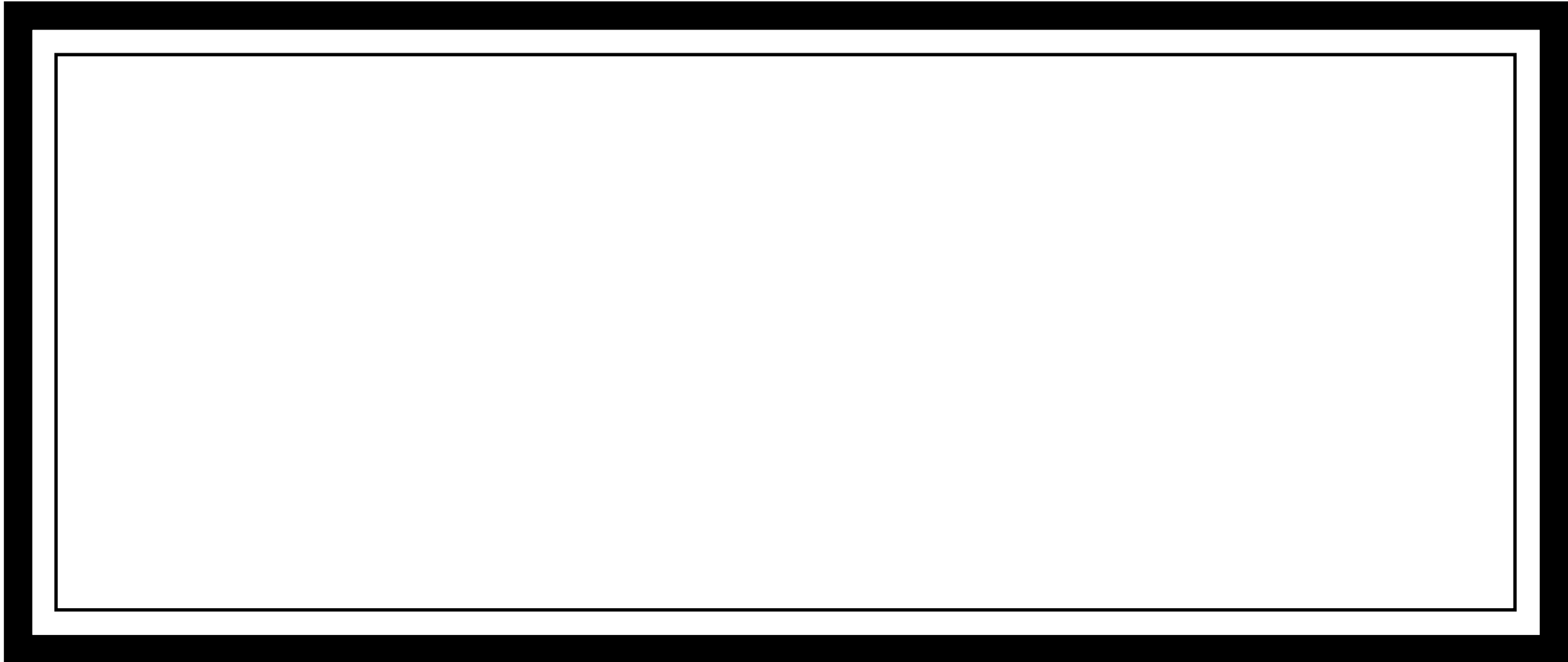
Entries must be into your principal's office no later than MARCH 19, 2010

For questions or more information please call (916) 474-6245 in the Greater Sacramento Valley or (209) 476-3775 in the Central Valley or visit our website at www.kpdontbuythelie.org

Sponsored by:



KAISER PERMANENTE®



I hereby authorize Kaiser Foundation, Kaiser Foundation Health Plan, Inc., The Permanente Medical Group, Inc., the Sacramento County Department of Health and Human Services, the California Department of Health Services and any persons or entities acting at the request or discretion of Kaiser, the Sacramento County Department of Health and Human Services, and the California Department of Health Services to display, distribute, reproduce, site, alter, and otherwise use the entry. I relinquish any and all ownership interest of or legal right related to the entry, and acknowledge that the entry is, after I submit it, the exclusive property of Kaiser., the Sacramento County Department of Health and Human Services, and the California Department of Health Services.
PLEASE PRINT YOUR INFORMATION CLEARLY.

Name of Entrant: _____

Home Address: _____ City: _____ Zip: _____

Grade (circle one): 7th 8th 9th 10th 11th 12th

Home Phone: (____) _____

School: _____ School Phone: (____) _____

Signature of Entrant: _____

Signature of Entrant's Parent or Legal Guardian: _____