



## Rabies Prevention

## Poster Contest

1. Poster submissions should suggest ways to prevent rabies infections. The best way to do that is remind students which animals are most likely to have rabies in Arizona (bats, skunks, foxes), to NOT touch bats or other wild animals, vaccinate their dogs and cats for rabies, and to keep dogs on a leash when not at home.
2. More information on rabies can be found at the Centers for Disease Control and Prevention "Just for Kids" rabies webpage: [www.cdc.gov/ncidod/dvrd/kidsrabies](http://www.cdc.gov/ncidod/dvrd/kidsrabies), and the Arizona Department of Health Services rabies webpage: [www.azdhs.gov/phs/oids/vector/rabies/index.htm](http://www.azdhs.gov/phs/oids/vector/rabies/index.htm)
3. Content and materials must be original.
4. Posters must be on unlined paper and be at least 8½" by 11", and may not exceed 11" by 17".
5. Posters with artwork & text drawn with smooth, distinct edges are more likely to be selected.
6. Send posters to Elisabeth Lawaczek, Arizona Department of Health Services, 150 N. 18<sup>th</sup> Ave. Suite #140, Phoenix, Arizona 85007. Posters must be received by 5 pm, September 6, 2007.
7. An entry form (see below) must be attached to each poster.
8. Judging will take place on or before September 14, 2007.
9. **First prize is a one year family membership to the Phoenix Zoo.**
10. **Runner-up prize is a family pack of admission tickets to the Phoenix Zoo.**
11. The classroom of the winning artist will be treated to a pizza party (limited to 40 students).
12. The artwork from the winning poster will be reproduced for use in a statewide Rabies education campaign.
13. The teacher and the winning artist must agree to appear in promotional activities including press releases and interviews. A parental/guardian consent form provided by the Department of Health Services must be signed upon notification of the award. All posters become the property of the Arizona Department of Health Services.
14. Arizona residents 16 years old and younger are eligible to participate.

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**Teachers: Please attach a completed copy of this form to each student's entry!**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School/Teacher's Phone: \_\_\_\_\_ :

All entries must be received by the Arizona Department of Health Services, 150 N. 18<sup>th</sup> Ave. Suite #140, Phoenix, Arizona 85007 by 5pm on September 6, 2007.