

Artist Information Form

Last Name: _____ First Name: _____

Art College: _____ Year Graduated: _____

Home Address: _____

City, State, Zip: _____

E-Mail: _____

Cell Phone: (_____) _____ Home: (_____) _____

Personal Website: _____

Neighborhood: _____

Local Newspapers: _____

Artist Professional Career: (or attach resume)

Type of Art: _____

Medium: _____

Current Studio Address: _____

Prior Studio Address:

Represented by Gallery (yes no)

(If yes) Gallery Name: _____

Shows Participated in:

Start Date	End Date	City	Gallery Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following high resolution photos:

A. your Picture Profile

B. 1 Image of primary art work