Complete two forms for each piece of art.

Please PRINT		Please PRINT		
Artist:		Artist:		
Address:		Address:		
City, St, ZIP:		City, St, ZIP:		
Phone:		Phone:		
Email:		Email:		
Title:		Title:		
Medium:	Size:	Medium:	Size:	
Date Completed:	Price:	Date Completed:	Price:	

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Artist:		Artist:					
Address:		Address:	Address:				
City, St, ZIP:		City, St, ZIP:	City, St, ZIP:				
Phone:		Phone:	Phone:				
Email:		Email:	Email:				
Title of Work:		Title of Work:	Title of Work:				
Medium:	Size:	Medium:	Size:				
Date Completed:	Price:	Date Completed:	Price:				

Complete two forms for each piece of art.

	DDINIT		Diago DDINT	
Please PRINT		Please PRINT		
Artist:		Artist:		
Address:		Address:		
City, St, ZIP:		City, St, ZIP:		
Phone:		Phone:		
Email:		Email:		
Title of Work:		Title of Work:		
Medium:	Size:	Medium:	Size:	
Date Completed:	Price:	Date Completed:	Price:	