

ENTRY FORM

INTERNATIONAL DIGITAL ART MINIPRINT EXHIBITION XI,

OTTAWA, 2016

M <input type="checkbox"/> F <input type="checkbox"/>	Family Name	Given Name
Address	Number, Street	
	City, Province	
	Country, Postal Code	
Telephone		
e-mail		
Print # 1	Title and medium	Year of creation
Print # 2	Title and medium	Year of creation
I donate my work to the Centre d'artistes Voix Visuelle, organizer of the exhibition.	Print #1	Print #2
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read and agree to all of the regulations for participation in the "International Digital Art Miniprint Exhibition XI, Ottawa 2016". I also accept that my works be reproduced, projected, shown on screen and on the organizers' Website for promotional or educational purposes.

Artist's signature

Date

Name : _____

Biographical note (50 words):

Relation between the artwork and the theme (50 words) :

ID label #1

Family Name	Surname
Country	
Title	
Year of creation	



(Cut and affix to the back of the print)

ID label #2

Family Name	Surname
Country	
Title	
Year of creation	



(Cut and affix to the back of the print)