

ENTRY FORM

INTERNATIONAL DIGITAL ART MINIPRINT EXHIBITION XII,

OTTAWA, 2017

|   |  |  |
|---|--|--|
| M <input type="checkbox"/> F <input type="checkbox"/>                                 | Family Name  | Given Name   |
|   |  |  |
| <b>Address</b>  | Number, Street   |  |
|   |  |  |
|   | City, Province   |  |
|   |  |  |
|   | Country, Postal Code                                     |  |
|   |  |  |
| <b>Telephone</b>  |  |  |
| <b>e-mail</b>   |  |  |
| <b>Print # 1</b>  | Title and medium   | Year of creation   |
|   |  |  |
| <b>Print # 2</b>  | Title and medium   | Year of creation   |
|   |  |  |
| I donate my work to the Centre d'artistes Voix Visuelle, organizer of the exhibition. | <b>Print #1</b>  | <b>Print #2</b>  |
|   | 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 XII, Ottawa 2017". I also accept that my works be reproduced, projected, shown on screen and on the organizers' Website for promotional or educational purposes.

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Artist's signature

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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)