

ENTRY FORM

INTERNATIONAL DIGITAL ART MINIPRINT EXHIBITION XIII,  
OTTAWA, 2018

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 XIII, Ottawa 2018". 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)