## Artist's Informational Form IMPORTANT: Date \_\_\_\_\_Amt Pd \_\_\_\_\_

Name		3 Initials	Date
Name The three initials are your initials for	or: first name, m	iddle name, and last name	me.
Mailing Address			
City	State	Zip Code	
Phone	_ Cell Phone		
Email			
Describe your artwork(s)			
Tell Us about Y		Marketing Information of the state of the st	
In an effort to promote you and you about yourself and your artwork. If this form.		<u> </u>	-
Name			
Medium (oil, textile, watercolor, ac	rylic, etc) you u	se and why	
Your story behind your artwork			
Any degrees, awards, and recognition	ons you have ea	rned	
What inspires you?			

Why did you choose Two Rivers Art Gallery? IMPORTANT
OtherComments
Your website:(Optional)
Your Facebook page:(Optional)
Please share Gallery & Artist information you receive in your email and on: Gallery's Facebook page: <u>Two Rivers Art Gallery, Chiloquin</u> (Review often)  THIS IS IMPORTANT TO PROMOTE <i>YOUR</i> GALLERY AND GET CUSTOMERS INTO <i>YOUR</i> GALLERY TO BUY <i>YOUR</i> ARTWORK.
Yes, I hereby agree that information listed here and photographs taken of my artwork, including at the gallery and other events, may be used for marketing purposes and on social medias. This is not optional. Thanks
Signature Date