

## ARTIST SUBMISSION FORM

Today's date: \_\_\_\_\_

Please complete and return with your submission materials (you may wish to keep a copy for your own records.) The more specific information you are able to provide, the easier it will be to assess your work for curators and exhibitions.

1.  New Application  Update to existing file (would you like your older materials returned? yes / no )

### 2. Contact Information

First name:

Last name:

Mailing address:

City, state, zip:

Country:

Telephone:

Fax:

Email:

URL:

Gallery affiliation:

3. **Description of work** (*check all descriptions that apply to the work you are submitting*)

#### FORMAT

<input type="checkbox"/> Architecture	<input type="checkbox"/> Digital/ Web	<input type="checkbox"/> Kinetic
<input type="checkbox"/> Site-specific	<input type="checkbox"/> Artist's books	<input type="checkbox"/> Drawings
<input type="checkbox"/> Collaborative	<input type="checkbox"/> Public/ Outdoor	<input type="checkbox"/> Suspended/Hanging
<input type="checkbox"/> Installation	<input type="checkbox"/> Performance	<input type="checkbox"/> Sculptural object
<input type="checkbox"/> VCR/TV monitor	<input type="checkbox"/> Costume	<input type="checkbox"/> Interactive
<input type="checkbox"/> Projection	<input type="checkbox"/> Multiples	<input type="checkbox"/> Other

#### MATERIALS

<input type="checkbox"/> Bronze	<input type="checkbox"/> Casts	<input type="checkbox"/> Cement	<input type="checkbox"/> Ceramic
<input type="checkbox"/> Clothing/ Costume		<input type="checkbox"/> Computer/ Digital	

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Fabric/ Textile |  | <input type="checkbox"/> Fiber             | <input type="checkbox"/> Film  |
| <input type="checkbox"/> Food            | <input type="checkbox"/> Found objects | <input type="checkbox"/> Glass             | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Metal         | <input type="checkbox"/> Natural materials | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Photographs     | <input type="checkbox"/> Plaster       | <input type="checkbox"/> Prints            | <input type="checkbox"/> Resin |
| <input type="checkbox"/> Sound           | <input type="checkbox"/> Steel         | <input type="checkbox"/> Stone             | <input type="checkbox"/> Text  |
| <input type="checkbox"/> Video           | <input type="checkbox"/> Water         | <input type="checkbox"/> Wax               | <input type="checkbox"/> Wood  |
| <input type="checkbox"/> Other           |  |  |                                |

## CONCEPTS & DESCRIPTORS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autobiographical      | <input type="checkbox"/> Body-related         | <input type="checkbox"/> Conceptual            |
| <input type="checkbox"/> Domestic              | <input type="checkbox"/> Environmental issues | <input type="checkbox"/> Ethnic identity/ role |
| <input type="checkbox"/> Female identity/ role | <input type="checkbox"/> Figurative           | <input type="checkbox"/> Functional            |
| <input type="checkbox"/> Humorous              | <input type="checkbox"/> Industrial           | <input type="checkbox"/> Male identity/ role   |
| <input type="checkbox"/> Minimal               | <input type="checkbox"/> Process-oriented     | <input type="checkbox"/> Religious issues      |
| <input type="checkbox"/> Scientific            | <input type="checkbox"/> Sexuality            | <input type="checkbox"/> Spiritual             |
| <input type="checkbox"/> Technological issues  | <input type="checkbox"/> Violence/ War        | <input type="checkbox"/> Other                 |