

ARTIST INFO

NAME				
ADDRESS				
	<i>(street)</i>	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
PHONE				
E-MAIL				
DATES OF DISPLAY				

Del./P. Up	Title of Piece	Medium	Retail Value	*Insured Value
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Del./Pick Up	Title of Piece	Medium	Retail Value	*Insured Value
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*Include Insured values only when submitting an insurance policy documenting art coverage.

Artist Signature: _____

Total:

\$ _____

\$ _____