



(Please print clearly)

Last Name _____

First Name _____

The Center for Fine Art Photography Alternative Processes

Exhibitor's Information Form

<< **This form is due at the Center by July 15, 2007** >>

Mail to: The Center for Fine Art Photography
201 S. College Ave., 3rd Floor
Fort Collins, CO 80524 (970) 224-1010

OR Email to: exhibitions@c4fap.org
(word document preferred)

Address: _____

City/State: _____ Zip: _____

Telephone: Home/Cell _____ Wk _____

Email: _____ Website _____

We would like to recognize your country, so if you are a non-U.S. citizen, please note your home country:

TITLES AND VALUES OF WORKS

| Title of Work | Exhibit Retail \$ | Silent * Auction \$ | Shipping Insured \$ |
|---------------|----------------------|------------------------|------------------------|
| a) _____ | _____ | _____ | _____ |
| b) _____ | _____ | _____ | _____ |

- Shipping Insured Value: This is the value you wish to insure your work in return shipment. *Please note that some transport companies do not insure, or will not insure for the entire replacement cost of original art.*
- *Silent Auction Value: During most exhibitions, the Center conducts a Silent Auction. This has proven to be a successful way of increasing the sales of artwork. If you wish to have any of your work included in a Silent Auction, state a minimum bid for the work as exhibited (frame included). Usually a minimum bid price of 60 – 70 percent of the Exhibited Retail value is most effective. The artist will receive 60% of the sales price (40% to the Center).

Print Media:

a) _____

b) _____

- Print Media: Please describe the process and materials used to create the image displayed in the exhibition. We are NOT looking for the type of printer you use or the name brand of inks if inkjet prints. Rather the alternative processes taken to make your image.

I will (check one):

____ Send my image to the Center for framing by July 24

____ I will hand deliver to the Center the week of Aug 13

____ I will send my framed image by Aug 13, to
Exodus Moving and Storage
1800 E. Harmony Rd.,
Fort Collins, CO 80528

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Attending Artists and Public Reception: The Center holds an artist's and public reception for each exhibition in the gallery. This is held during the Fort Collins Gallery Walk from 6 – 9pm on the day of the planned event. We would like you to join us. Please indicate if you plan to travel to Fort Collins for any of the events below:

- ____ Friday night official public opening – in conjunction with the Fort Collins Gallery Walk (August 3)
- ____ If coming from out of town, please indicate if you need hotel or Denver International Airport shuttle information emailed to you or visit www.c4fap.org for driving directions.

To be returned to the Center by July 15 (may be emailed)

- ____ Exhibition Information Form
- ____ Artist Statement
- ____ High resolution of your image (300ppi, approx 4X6 jpg flattened, compression level 8 or 9)

RETURNING EXHIBITED WORK FOLLOWING THE EXHIBITION – Please circle one of the following

1. I would like to donate one or more of my exhibited work(s), if it is not sold, to The Center for Fine Art Photography. Artists will receive acknowledgment and a receipt for their work(s). Please specify using print title:

- a. _____
- b. _____

Artist's Signature Authorizing Donation (If emailing please type name) _____ Date

2. I will pick up my work from the Center after September 25. Do not ship.

3. Return my work(s) per the following: The Center will send your work via FedEx unless directed otherwise and will require a signature upon delivery. ____Please check here if you are requesting your shipment be left *without* a signature.

- Ground/Home Express Other _____

Cost of shipping will be charged to your credit card. Additionally, a \$10.00 repacking fee will be added to the shipping charges. If another person's credit card is to be used, their signature must be provided. Alternatively, you may provide your FedEx account number. Prepaid shipping labels from UPS are acceptable. If using your own account number or sending a prepaid label, please include a check for \$10.00 to cover the repacking fee, or indicate cc information on the following page.

If you have your own FedEx account number, please enter here

Company _____ Shipping Account Number _____

RETURN SHIPPING ADDRESS:

Name: _____ Residence address

Address: _____ Business address

Address: _____

City/State: _____ Zip: _____

Phone: _____

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Visa, Master Card and American Express are the credit cards currently accepted by the Center.

Credit Card Type: ___ Visa ___ Master Card ___ American Express

Card number _____ Expiration Date _____

Please Print Clearly

Name as it appears on the credit card _____

Billing address to which the statement is sent _____

City _____ State _____ Zip _____

Phone _____

Email _____

I agree to pay for the return shipping charges of the above work plus a \$10.00 repacking fee. Charge my card for the shipping and repackaging.

Authorized Credit Card **Signature** _____
(If emailing forms please type in name as authorization)

Print Card Holder's Name _____

Date _____

Please Note: Reasonable effort will be made to use your original shipping material to return your work. However, if it is decided that using your packing material could result in damage, new material will be provided. There is an additional fee of \$10 if the Center has to replace your shipping container.

PRESS RELEASE:

The Center sends out a press release for each exhibition. If you would like a copy of the press release with your print image sent to your newspaper or other media contact, please include the name of the media below along with email contact information. A copy of the press release will be sent to you. A high resolution image of your photograph should be emailed to exhibitions@c4fap.org for the press release. (300 ppi, 4X6 jpg flattened)

1. _____ ___ TV ___ Newspaper

Email address: _____

2. _____ ___ TV ___ Newspaper

Email address: _____

Please send this document and your Artist's Statement to the Center by July 15, 2007
Email or send (do not do both)