



(Please print clearly)

Last Name _____

First Name _____

The Center for Fine Art Photography Exhibitor's Information Form DIA Invitational

This form is due at the Center by February 27th, 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 \$	Shipping Insured \$
a) _____	_____	_____
b) _____	_____	_____

Print Media (i.e. silver gelatin print, c-print, digital, etc.)

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.*
- Print Media: Please indicate the media on which you printed the image displayed in the exhibition. We are NOT looking for the type of printer you use or the name brand of inks if ink jet prints. Typical media statements are: selenium toned silver gelatin print on archival rag paper, archival ink jet print using pigment ink on watercolor paper, scanned image printed on inkjet paper or traditional color print, etc. It is very important to note if you used archival printing and framing.

I will (check one):

____ Send my image to the Center for framing by April 18

____ I will hand deliver to the Center the week of May 8

____ I will send my framed image by May 8, to
Exodus Moving and Storage
1800 E. Harmony Rd.,
Fort Collins, CO 80528

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 August 6th. Do not ship.

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

Ground 3-day service 2-day service Overnight service

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 shipping account number, please enter below: FedEx_____ or UPS_____

Company_____ Shipping Account Number_____

RETURN SHIPPING ADDRESS:

Name: _____ Residence address

Address: _____ Business address

Address: _____

City/State: _____ Zip: _____

Phone: _____

PRESS RELEASE:

The Center sends out a press release for each exhibition. If you would like a copy of the press release with your 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: _____

Email or send (do not do both)

Last Name _____ First Name _____ DIA Invitational

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.

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