



(Please print clearly)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

***Egdy: Pushing the Limits of Photographic Art***  
**Exhibitor's Information Form**  
**The Center for Fine Art Photography**  
***This form is due at the Center by April 21, 2008***

**Mail to:** The Center for Fine Art Photography  
400 North College Ave.  
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, even if temporarily residing in the U.S. \_\_\_\_\_

**TITLE AND VALUE OF WORK**

Title of Work	Exhibit Retail \$	Silent * Auction \$
a) _____	_____	_____
b) _____	_____	_____

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

a) \_\_\_\_\_

b) \_\_\_\_\_

- **Print Media:** Please indicate what type of print, media on which you printed the image. We are NOT looking for the type of printer you use or the name brand of inks if inkjet prints. Typical media statements are: selenium toned silver gelatin print on archival rag paper, archival inkjet 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.
- **\*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 the 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). Please do not make this value anything less than the minimum of what you would accept for your work.

**I will (check one):**

\_\_\_\_ Send my print to the Center for framing by April 2

\_\_\_\_ I will hand deliver my framed image to the Center the week of April 21

\_\_\_\_ I will send my framed image by April 25, to Exodus Moving and Storage  
1800 E. Harmony Rd.  
Fort Collins, CO 80528

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Edgy

**Attending Artist's and Public Reception:** The Center holds an artist's and public reception for each exhibition in conjunction with the Fort Collins Gallery Walk from 6 – 9pm. 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 (May 2)
- \_\_\_\_ If coming from out of town, please indicate if you need hotel or Denver International Airport shuttle information emailed to you

**PRESS RELEASE:**

The Center sends out a press release for each exhibition. If you would like a copy of the press release with your exhibited image sent to your newspaper or other media contact, please include the name of the media below along with email contact information. **Please give emails, not websites.** 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](mailto:exhibitions@c4fap.org) for the press release. (300 ppi, 4X6 jpg flattened, compression level 12)

1. \_\_\_\_\_ TV \_\_\_ Newspaper

Email address: \_\_\_\_\_

2. \_\_\_\_\_ TV \_\_\_ Newspaper

Email address: \_\_\_\_\_

**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 the week of June 2. Do not ship.

3. Return my work(s) per the following:

**\*Please initial here** \_\_\_\_\_ when you have read and agree to the shipping terms and conditions stated in the Exhibitor's Instructions. The Center will not ship your image until you have indicated that you agree to these terms.

The Center will send your work via FedEx. You may write your FedEx account number in the space provided or you may send us a Ground/Home pre-paid label if you specifically want this option, otherwise all images will be sent Express, due to the value of the images.

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 credit card information on the following page.

\_\_\_\_ **Please check here if you are requesting your shipment to be left without a signature**

Shipping Insured Value: This is the value you wish to insure your work in return shipment. FedEx will pay up to \$500 for Express shipments and up to \$100 for ground shipments. *Please note that some transport companies do not insure, or will not insure for the entire replacement cost of original art.*

I would like to insure my work for \$\_\_\_\_\_.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Edgy

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: \_\_\_\_\_

<b>For office use only</b>		
Weight _____ lb	Box: N or O	Charge \$ _____
Measure _____ x _____ x _____	Signature: Y or N	Value \$ _____

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

**Credit Card Type:** \_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express

*\*Please Print Clearly* Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 packing fee. Charge my card for the shipping and packaging.

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.

**Please send this document and your Artist's Statement to the Center by March 14, 2008.**  
Email or send (do not do both)