



(Please print clearly)

Last Name _____

First Name _____

The Artful Nude
Exhibitor's Information Form
The Center for Fine Art Photography
This form is due at the Center by May 23, 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) _____	_____	_____	Please <i>do not</i> make your auction price less than \$200
b) _____	_____	_____	

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

a) _____

b) _____

- **Print Media:** Please indicate the 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 sale 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 May 30

____ I will send my framed image to the Center between June 23 – July 3 to: **The Center for Fine Art Photography
400 North College Avenue
Fort Collins CO, 80524**

____ I will hand deliver my framed image to the Center the week of June 30. **Please note we are closed July 4-5.**

Last Name _____ First Name _____ Artful Nude

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 artists' and public reception – in conjunction with the Fort Collins Gallery Walk (**August 1**)
- _____ 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 their email contact information. **Please provide email address.** 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, compression level 10)

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's collection. Artists will receive acknowledgment and a donation 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 August 11. 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 by UPS or shipping company of your preference. The Center will not ship your image until you have indicated that you agree to these terms.

The Center will ship returning works at the end of the show if not picked up, sold or donated. The Center will ship with UPS. Pre paid shipping labels are accepted from all other shipping companies.

Cost of shipping will be charged to your credit card. A \$20.00 repacking/handling fee will be added to the shipping charges. If another person's credit card is to be used, their signature must be provided.

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

Shipping Insured Value: Please insure your work appropriately for shipping. This information is *critical* should a claim take place. *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 \$_____.

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If you have your own UPS or other shipping company account number, please enter here:

Company _____ Shipping Account Number _____

RETURN SHIPPING ADDRESS:

Name: _____ Residence address

Address: _____ Business address

Address: _____

City/State: _____ Zip: _____

Phone: _____

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 _____

Address to which the credit card statement is sent _____

City _____ State _____ Zip _____

Phone _____

Email _____

I agree to pay for the return shipping charges of the above work plus a \$20.00 packing/handling 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 send this document and your Artist's Statement to
The Center for Fine Art Photography by May 23, 2008.
Email or send (do not do both)**

For office use only		
Weight _____lb	Box: N or O	Charge \$ _____
Measure _____x_____x_____	Signature: Y or N	Value \$ _____