



(Please print clearly)

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

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

**Society for Photographic Education Exhibition  
Exhibitor's Information Form**

**The Center for Fine Art Photography**

***This form is due at the Center by March 3, 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 \$
_____	_____	_____

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

- 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.

**Sending your print:**

Please send your matted print to:  
The Center for Fine Art Photography at  
400 North College Avenue  
Fort Collins, CO 80524

**Prints must be enclosed in a 16 x 20 inch mat and sent to the Center by March 7, 2008.**

**Attending the SPE Conference or Visiting the Center:**

**The SPE 45<sup>th</sup> National Conference** will be in Denver Colorado from March 13- March 16, 2008. For directions, schedules and general information please visit [www.spenational.org](http://www.spenational.org).

**The Center for Fine Art Photography** will be showing the SPE exhibition from March 10 – March 22, 2008. The Center is located at 400 N. College Ave., Fort Collins, CO 80524. The hours for this exhibition are Monday through Friday 10am to 5pm and Saturdays 10am to 3pm. If you would like more information about the Center or visiting Fort Collins please contact us at [www.c4fap.org](http://www.c4fap.org) or call 970-224-1010.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SPE

**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:

Title: \_\_\_\_\_

\_\_\_\_\_  
Artist's Signature Authorizing Donation (If emailing please type name)

\_\_\_\_\_  
Date

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

The Center will send your work via UPS or FedEx. You may write your UPS or FedEx account number in the space provided or you may send us a pre-paid label.

Cost of shipping will be charged to your credit card. Additionally, a \$10.00 repacking fee will be added to the shipping charges (*everybody shipping will need to pay this fee*). If another person's credit card is to be used, their signature must be provided. 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 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 check here if you are requesting your shipment to be left without a signature**

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

Company \_\_\_\_\_ Shipping Account Number \_\_\_\_\_

**RETURN SHIPPING ADDRESS:**

Name: \_\_\_\_\_ Residence address

Address: \_\_\_\_\_ Business address

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SPE

**Payment Options:**

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 and new box fee if needed. 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 by March 3, 2008.**  
Email or send (do not do both)

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