

# The Art of Healing

June 4 to 25, 2010

Please return this form (by mail or in person) with hard copy photos of the work, or by email with jpeg images on or before May 26<sup>th</sup>, 2010 .

TITLE	MEDIUM	SIZE	FOR SALE YES or NO	VALUE (please include for all work)

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ EMAIL : \_\_\_\_\_

**Please check all that apply, and sign below**

- I wish to be considered as a presenter or to demo my work at the opening of The ART of HEALING.
- YES I give the Brain Injury Association of Alberta the right to use any work accepted in promotional materials for the show.
- YES I acknowledge that any work sold during the show will have 10% taken for administration purposes.
- YES I acknowledge that, unless other arrangements are made, all work must remain here for the duration of the show.

Artist Name: \_\_\_\_\_

Artist Signature \_\_\_\_\_

**Please Print**

OFFICE USE:

ACCEPTED Y /N

DELIVERY \_\_\_\_ BIAA \_\_\_\_ ARTIST

PICK UP \_\_\_\_ BIAA \_\_\_\_ ARTIST

4916 50<sup>TH</sup> Street Red Deer, AB T4N 1X7

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