Label To Place On the Artwork
WRAP STATE EXHIBIT

PLEASE FILL OUT AND ATTACH THE FOLLOWING FORM SECURELY TO YOUR ARTWORK and Mail or email a copy by July 15th

Lower left hand corner -- back side, if it is framed or on the bottom of your sculpture.

WISCONSIN REGIONAL ART EXHIBITION - 2015

ARTIST NAME: _____________________________________________________________

E-MAIL: __________________________ PHONE: _____________________________

ARTWORK TITLE (or specific description of object):

________________________________________________________________________

ARTWORK PICK UP

I will pick up this piece on Sept. 26th, 2015 between noon and 4:00 PM yes ___ no ___

If no, I authorize ________________________________________________

Name ___________________________ Phone number ___________________________

...to pick it up for me September 26th. I’ve asked them & they have agreed to do it.

or

I have made other arrangements with Helen Klebesadel yes ___ or no ___

I would allow my work to be loaned to the College of Agriculture for one year (until September 27, 2016.) yes ______ or no ________

As is the case in all amateur or professional exhibitions, every precaution will be taken for security. I understand the University of Wisconsin, the Pyle Center, the Wisconsin Regional Art Program and the Wisconsin Regional Artists Association are not responsible for work damaged or stolen. I will provide my own insurance for these exhibits, if desired.

_______________________________             __________________________

signature                                                                        date

If you won two or more State Exhibit awards, you may choose which ONE artwork to be exhibited in the State Exhibit.