

**PARTICIPANT REGISTRATION 2017**

**Open Studio Weekend, Sat & Sun, November 11 & 12 ∙ 11am-5pm**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Artist** |  | **Artist Group** |  | **Venue for Visiting Artists** |  | **Other** (specify below) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Non-Profit Organization** |  | **Art-Related Organization** |  |

*Place cursor in the box above the line or tab until you get to the right box.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **X Type here** | | | | **X** | | | |
| CONTACT OR ARTIST LAST NAME | | | | CONTACT OR ARTIST FIRST NAME | | | |
|  | | | |  | | |
| COMPANY NAME(if applicable) | | | | COMPANY PHONE NUMBER | | |
| **X** | | | | | | |
| **FOR PUBLICATION:** ARTIST OR COMPANY NAME AS YOU WISH IT TO APPEAR IN PRINTED MATERIALS | | | | | | | |
|  | | | | |  |  | |
| MAILING ADDRESS | | | | | CITY STATE | ZIP | |
|  | | |  | | | | |
| BEST PHONE NUMBER | | | ALTERNATE PHONE NUMBER | | | | |
|  | | |  | | | | |
| EMAIL ADDRESS | | | WEBSITE | | | | |
|  | | | | | | | |
| MEDIUM | | | | | | | |
| DESCRIBE YOUR WORK (Approximately 50 characters): | |  | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ChECK ONE form of contact information for publication** |  | Email Address |  | Telephone |  | Website |

**MY PREFERRED LOCATION ON THE OPEN STUDIO TOUR:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **my studio or business** |  | Address: |  | |
| **PLEASE ASSIGN A SPOT** |  | Notes & Requests : | |  |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I need wall space** |  | **I do NOT need wall space** |  |  |  |

|  |  |
| --- | --- |
|  | **I will submit a piece for the Group Show RUNNING THE MONTH OF NOVEMBER** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **$60 Registration Fee** |  | **$75 Sponsor an Artist in Need** |  | **Tax-Deductible Donation of $** |  |

|  |  |
| --- | --- |
| OTHER COMMENTS |  |

**To complete registration – EMAIL FORM TO: openstudiohartford@gmail.com:**

**🗹** Artist Statement / Bio for website (One Word doc) **🗹** 4 images of your work (300 dpi) I authorize use for the website & publicity

**Or mail to: Artists in Real Time, PO Box 1138, Hartford, CT 06143**

**Include check payable to ART or PAY ONLINE at: www.artistsinrealtime.org**

**DEADLINES:** **No listing in brochure after 9/15 / No listing in CTNow after 10/1 (Artist Information Manual available)**

ART, Inc. reserves the right to refuse participation of any individual, organization or location in OSH. All content subject to ART approval.