

KAARISILTA BIENNALE 2017

APPLICATION FORM

ARTIST'S NAME: _____

YEAR OF BIRTH: _____

PHONE NUMBER: _____

ADDRESS: _____

EMAIL: _____

WHERE YOU MAKE ART:

INDEPENDENTLY

STUDIO ETC. / NAME & CONTACT INFORMATION: _____

DETAILS OF THE ARTWORKS:

NAME OF THE ARTWORK	YEAR	TECHNIQUE	SIZE
1.			
2.			
3.			
4.			
5.			

PICTURES OF THE ARTWORKS CAN BE USED IN THE MARKETING:

YES

NO

DATE _____