



CHANGE OF SHOW FORM

Please complete the entire form.

DATE: ____/____/____

ARTIST:

FIRST NAME: _____

LAST NAME: _____

TITLE: _____

MEDIUM (PLEASE SELECT ONE BOX):

- Acrylic Ceramic Collage Digital Art
- Fiber Mixed Media Oil Pastel
- Pen & Ink Photographic Digital Art
- Photography Resin Watercolor Wood
- Other: _____

PRICE: _____

ART CATEGORY (PLEASE SELECT ONE BOX):

- 2D 3D SMALL WALL



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