SELECTIONS 2009

8th Annual Selections Juried-in Exhibition

ENTRY FORM

1. Artist Contact Information

AOE Member: ☐ Yes ☐ No New Member: ☐ Yes ☐ No

Name: _____

Address: _____

Postal Code: _____ Tel: _____

E-mail: _____

2. Submission(s)

Photo #1		
Title: Dimensions:	Medium: Value:	Year:
Photo #2		
Title: Dimensions:	Medium: Value:	Year:
Photo #3		
Title: Dimensions:	Medium: Value:	Year:
Photo #4		
Title: Dimensions:	Medium: Value:	Year:

3. Enclosed Fees

Administration: _____ ($6 per entry) New membership: _____ ($30)

4. Consent to Disclose and Use Personal Information

I, _____ hereby authorize AOE Arts Council (AOE)
(name of individual)
to keep a photograph of my work and post it, or any part of it, for promotional purposes on the City of Ottawa and AOE websites or in their publications.

_____ _____
(signature) (date)

Return by 4:00 p.m. on August 24th, 2009 to:

Louise Michaud, Program Coordinator
AOE Arts Council, 245 Centrum blvd., Suite 260
Shenkman Arts Centre, Ottawa, ON K1E 0A1
Phone: 613-580-2767 or email louise@artsoe.ca

CONSEIL DES ARTS AOE ARTS COUNCIL