

PARTICIPANT REGISTRATION 2019

There are TWO Open Studio Weekends dividing the city into north and south

November 9 & 10: Arbor Street, Bartholomew, Washington, Colt and others **November 16 & 17:** CT Historical Society, ArtSpace, Union Sta. and others

MAITTORD	Artist	Artist Group	Venue for Visiting Artists	Other	
Produced by Artists in Real Time				, -	
LAST NAME		FIR	ST NAME		
COMPANY NAME(if applicable	N				
COMI ANT MAME(II applicable	7				
FOR PUBLICATION: ARTIST OR C	OMPANY NAME	E AS YOU WISH IT	TO APPEAR IN PRINTED MATERI	ALS	
MAILING ADDRESS			CITY STATE	ZIP	
BEST PHONE NUMBER	NUMBER ALTERNATE PHONE NUMBER				
EMAIL ADDRESS		WEBSITE			
LIMAIL ADDITEGO		WEDOITE			
MEDIUM					
DESCRIBE YOUR WORK (Approximately 50 characters):					
CHECK ONE FORM OF CONTACT	FOR PUBLICAT	FION Ema	ail Address Telephone	Website None	
MY PREFERRED LOCATION ON THE OPEN STUDIO TOUR:					
I WISH TO SHOW: No	vember 9 & 10	November	16 & 17 Either Weekend	Both Weekends	
I WILL PARTICIPATE IN ONLY THE GROUP SHOW RUNNING THE MONTH OF NOVEMBER (1 OR 2 PIECES)					
MY STUDIO OR BUSINESS	Studio Addres	ss:			
PLEASE ASSIGN A SPOT		g preferences:			
I do NOT need wall space I use tables, own panels etc					
I WILL SUBMIT A PIECE FOR THE GROUP SHOW RUNNING THE MONTH OF NOVEMBER					
I WILL SUBMIT A PIECE FOR THE GROUP SHOW RUNNING THE MONTH OF NOVEMBER					
\$60 Registration Fee	\$75 Spo	nsor an Artist in Ne	eed Tax-Deductible	Donation of \$	
OTHER COMMENTS					

To complete registration - EMAIL FORM TO: info@openstudiohartford.com along with

Artist Statement / Bio for website (Word doc) 4 images of your work (high-res) 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: openstudiohartford.com/participate