



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.

CONTACT OR ARTIST LAST NAME _____ CONTACT OR ARTIST FIRST NAME _____

COMPANY NAME(if applicable) _____ COMPANY PHONE NUMBER _____

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.