

Artist Contact Information (please print)

Name (exactly as you want to be listed on the brochure and website): _____

Mailing Address: _____

County: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Website Address/URL: _____

Medium you will show during the event _____

Select **one** of the following

● I plan to open my studio for the tour (studio address & phone, if different from above): _____

● I plan to exhibit at this site:

Name of Venue: _____ Owner's Name: _____

Site Address: _____

Site Phone Number: _____

● I would like to participate, but need advice: _____

I plan to **demonstrate** (i.e. printmaking, throwing, weaving, etc.): _____

During these hours Saturday: _____ Sunday: _____

Is your site wheel chair accessible? Yes No

Exhibition dates (beyond ARTEAST weekend): _____

Small Works Exhibit: I plan to exhibit a piece in the Small Works Exhibit at JAC. Yes No

To complete your registration:

Return this form by May 1, 2011, along with your \$25 participation fee \$ _____

Add a \$10 late fee for applications postmarked after May 1. (No applications accepted after May 15.) _____

Become a member of the Jacoby Arts Center for an additional \$20* _____

Order ARTEAST T-shirts: small _____, medium _____, large _____, X large _____, XX large _____

XXX large _____, XXXX large _____ \$10.00 @ _____

Do you want your shirt/s to read ARTEAST ARTIST? # _____ Yes / # _____ No

Total enclosed: \$ _____

Make checks payable to: "Jacoby Arts Center" Mail to: ARTEAST, PO Box 891, Edwardsville, IL 62025 / drop off at JAC

Artist Signature _____