

ArtistsRegistry.com, Inc.
PO Box 140702 Orlando, FL 32814

ArtistsRegistry.com Members Juried Exhibit ENTRY FORM
(Entries MUST be received by Sunday, November 5, 2017 to be considered)

Name _____ Tel () _____

Email _____ Membership date: _____

Street
Address _____

City _____ State _____ Zip Code _____

Image List: Include title, medium, size and price below. List all digital file names as well:

Title 1 _____ File Name _____

Size _____ Medium _____ Price _____

Title 2 _____ File Name _____

Size _____ Medium _____ Price _____

Title 3 _____ File Name _____

Size _____ Medium _____ Price _____

To Pay by Credit Card, complete this part.

Credit Card information will not be retained after being used for this payment.

I hereby authorize the use of this credit card to pay the Total Fee to ArtistsRegistry.com

Type of Card: ___ VISA ___ Master Card ___ American Express

Name on card: _____ Expiration: mm/yr ___ / ___

Card Number: _____

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Signature: _____

Print the application form, and then mail it or email it, properly filled out, to:

Jeff Shonkwiler
P.O. Box 140702
Orlando, FL 32814

email: jeff@artistsregistry.com

***SECURITY NOTE:** To pay by credit card call 407-312-0708 or use U.S. Mail, not email