

ENTRY FORM
INTERNATIONAL DIGITAL MINIPRINT EXHIBITION 15,
OTTAWA, 2020

M <input type="checkbox"/> F <input type="checkbox"/>	Family Name	Given Name
Address	Number, Street	
	City, Province	
Country, Postal Code		
Telephone		
e-mail		
Print # 1	Title and medium	Year of creation
Print # 2	Title and medium	Year of creation
I donate my work to the Centre d'artistes Voix Visuelle, organizer of the exhibition.		
		Print #1
		Print #2
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read and agree to all of the regulations for participation in the "International Digital Miniprint Exhibition 15, Ottawa 2020." I also accept that my works be reproduced, projected, shown on screen and on the organizers' Website or social media for promotional or educational purposes.

Name : _____

Biographical note (50 words):

Relation between the artwork and the theme (50 words) :

ID label #1

Family Name	Surname
Country	
Title	
Year of creation	

ID label #2

Family Name	Surname
Country	
Title	
Year of creation	