

ENTRY FORM
INTERNATIONAL DIGITAL MINIPRINT EXHIBITION 16,
OTTAWA, 2021

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.						
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Print #1</td> <td style="width: 50%; padding: 5px;">Print #2</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Print #1	Print #2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 16, Ottawa 2021." 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	