



Provincial Art Bank Submission Form
 The Rooms Art Gallery Division
 PO Box 1800
 9 Bonaventure Avenue
 St. John's, NL A1C 5P9

| | | | |
|---|---------|---------------|-----------|
| Artist's Name: | | Date: | |
| Address: | | | |
| Telephone: | | Email: | |
| Price: \$ | | Date of Work: | |
| Image Size | Height: | Width: | Diameter: |
| Title: | | | |
| Artwork background information, i.e. context, of artwork (100 words max) required: | | | |
| Medium (Please describe the technique and materials used in the production of the artwork): | | | |

Please Note:

- One form per artwork
- Pricing of artwork should reflect current market value
- If purchased, digital photographs must be archival and printed professionally
- Artworks created using MDF will no longer be accepted
- Applications will be considered incomplete if guidelines are not followed
- As per section 2.3, submitted artwork must be suitable for an office environment
- If your artwork is submitted by your dealer/representative on your behalf, please complete the following:

| | |
|---|------|
| <i>My artwork is submitted to The Rooms Art Gallery Division, c/o the Provincial Art Bank through my dealer/representative.</i> | |
| Dealer/Representative: | |
| Address: | |
| Telephone: | Fax: |

DATE: _____

SIGNATURE: _____

Internal Use Only #: _____