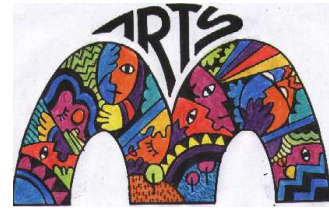


artVision 2012:

Glass in a fragile world

Arts Council of Mansfield Inc.

ABN: 84 244 359 792



ENTRY FORM

PO Box 34, Mansfield 3722
www.artsmansfield.com.au

Return by **EXTENDED DATE** Friday 28 September, 2012

Send by email with payment details and digital images direct to **Gilli Bruce** at gillimbruce1@bigpond.com
Please PRINT information requested below.

Artist's First Name:		Last Name:			
Postal address:					
Suburb/town:		State:		Postcode:	Country:
Telephone: ()			Are you registered for GST? No Yes		
Mobile:			ABN:		
Email* (Note: most ACM communications will be by email):			Arts Council of Mansfield (ACM) member: No Yes Download ACM Membership Application: www.artsmansfield.com.au		
Category [1] Architectural [2] Studio glass [3] New artist	Title of Work	Medium/ Technique	Dimensions of work in mm	Price (inc GST)	Entry Fee/s to be paid
I am an eligible professional glass artist and would like my work to be considered for the Kirra Galleries Emerging Artist Award (see artVision Conditions of Entry – item No.22). Please circle: No Yes					
Artist's Statement: Please attach a brief statement about each piece you have entered. (Not more than 50 words per entry. This information may be used in media/advertising).					
Pick up arrangements: In the event that I am unable to pick up my work (see Conditions of Entry, Item 31), I appoint: Name of agent: Address: Postcode: Mob no. Email address: to pick up the work on my behalf.					
Declaration: I declare that I have read and agree to abide by the artVision 2012 Conditions of Entry (Extended). I declare also that these entries are my own original work and that I am eligible to enter the categories indicated above.					
Signed by artist: _____ Date: _____ 2012					
Payment: Entry fees may be paid to the Arts Council of Mansfield via cheque or direct transfer to the ACM bank account or credit card. Cheque No. in the name of in the amount of \$ _____ is enclosed. Transferred to ACM bank account, Mansfield & District Community Bank BSB 633-000 ACC No. 145674081: \$ _____ (Please identify the transfer with your last name and suburb/town eg. smithpascoevale)					
Charge: Visa MasterCard		Name on card: _____			
Card number: _____		Expiry date: ____ / ____		CCV: _____	
Signature of cardholder: _____ Date: _____ 2012					