



To be received at the City of Albany by post
or delivery by December 2, 2011.

Name _____ State _____
Title of Entry _____ Medium _____ Dimensions (framed) HxW mm _____ Selling Price \$ _____

Address _____

State _____ P/Code _____ Email _____
Phone (H) _____ (W) _____ Mobile _____

ABN (Australian Business Number) _____

Are you registered for GST Yes No

I am an Australian citizen or have permanent residency status Yes No

Artist's Checklist

- A I have enclosed a CD with up to 3 images of each entry, in jpeg format and correctly titled, and
 I have enclosed a stamped, addressed envelope for return of CD. OR I do not need the CD returned.
 OR
 B I have uploaded my images to the City of Albany Art Prize website.
 I have enclosed a \$33 entry fee for each entry.
 I have checked all the details on the Entry Form.

Declaration

I declare the work/s detailed on the Entry Form to be my own original work and I have read the conditions of entry and sale and agree to be bound by them at all times.

Signed _____ Date _____

All Entry Forms and payment are to be addressed to The 2012 City of Albany Art Prize and posted to PO Box 484, Albany, Western Australia, WA 6331, or delivered to 102 North Road, Albany, to be received by 4.30pm Friday December 2, 2011.

NOTE: Entry Forms and digital images will not be accepted by email.

For research purposes, could you please indicate where you heard about The 2012 City of Albany Art Prize.

- | | | |
|--|------------|--|
| <input type="checkbox"/> Arts Journal | Which one? | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Arts E-newsletter | Which one? | <input type="checkbox"/> Direct E-mail |
| <input type="checkbox"/> Arts Organisation | Which one? | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newspaper | Which one? | <input type="checkbox"/> Other e.g. |

PAYMENT DETAILS Cheque payable to the City of Albany. Please debit my credit card by \$ _____

VISA MASTERCARD Cardholder Name _____

Card number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date _ _ / _ _

Cardholder Signature _____ Date _____

OFFICE USE ONLY Receipt No. _____ Amount _____ Date _____