Crystal Fine Art

ONLINE GALLERY & STUDIO

SLIDE ARCHIVE APPLICATION

Artist Contact: PLEASE PRINT Date _____

Ms. Mr. Mrs. Other _____ (Circle One)

First _____ Middle Initial _____ Last _____

Address:

Street _____ Hm Phone _____

Street _____ Apt. or Suite _____ Wk Phone _____

City _____ State _____ Fax _____

Country _____ Zip Code _____ Email _____

Date of Birth _____ Years as an Artist _____ Place of Birth _____

Primary Art Education _____ Secondary Art Education _____

Artist Agent or Representative Contact: (if different than above)

Ms. Mr. Mrs. Other _____ (Circle One)

First _____ Middle Initial _____ Last _____

Address:

Street _____ Hm Phone _____

Street _____ Apt. or Suite _____ Wk Phone _____

City _____ State _____ Fax _____

Country _____ Zip Code _____ Email _____

Artist Information:

Does an Agent, a Gallery or an Internet Web Site currently represent you? Yes No (Circle One)

Provide details - _____

If you circled yes, are you party to any agreements that may limit or negate your ability to sell, exhibit or display art through Crystal Fine Art? Yes No (Circle One)

Provide details - _____

If you have sold your art previously, sold at public auction or rated by a museum; please list the Locations, Events and Patrons names below:

Location	Event	Patron

Are your services available for commission? IF YES, SEND RATES Yes No (Circle One)

Payment Details: (annual fees for 3 file sizes of one Image; small, feature and large)

4"x6", 5"x7" or 8"x10" **Photographs** or 35 mm **Slides** as follows: First Image @ $50.00

Each Additional Image @ $40.00 x _____ = _____

Web-ready* Images as follows: First Image @ $40.00

Each Additional Image @ $35.00 x _____ = _____

Total _____

* Web-ready: see **Slide Archive Introduction & Instructions** for details.

All applications must be accompanied by a check or money order made payable to Crystal Fine Art.

Crystal Fine Art • 839 Albany Street, Boston, MA 02119 • tel 617 989 1133 • email curator@crystalfineart.com • www.crystalfineart.com

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