

_____ (Leave blank) 1 painting
SWA October/November 2017

Artist _____
Address _____
City _____ Zip _____
Phone _____
Medium _____ Price _____

Title _____
(Do not detach lower portions)

SWA October/November 2017

Artist _____
Address _____
City _____ Zip _____
Phone _____

Title _____

Medium _____ Price _____

Email Address _____

Signature _____

SWA# _____ Exp. Date _____

Accepted _____ Not Accepted _____ Award _____

RECEIPT – (Keep this receipt after it is mailed to you) Representation Work
SWA October/November 2017

Artist _____
Title _____

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