



# 2018 Annual Art Exhibit Participant Form

Please complete this form (both sides) and submit it with your artwork to BIANYS by April 6.

Name: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Artist Name (if different): \_\_\_\_\_

Pieces of Artwork: # \_\_\_\_\_

Short Description of Artwork: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is postage included for pieces of artwork that are to be mailed back to sender?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Amount Included: \$ \_\_\_\_\_

Address for return of Artwork (if different from above):

\_\_\_\_\_



Would you like to be listed in the Art Show Program? Yes \_\_\_\_\_ NO

Would you like contact information listed in the Art Show program?

\_\_\_ Yes, please list my information in the program.

Use the following information:

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
(phone number or email address only)

\_\_\_ No contact information, but please list my name in the program.

\_\_\_ No, I do not want to be listed in the program.

Names and images of participants in the BIANYS Art Show may appear in the BIANYS newsletter or on the BIANYS website. **Please indicate here if you do not wish to be included:**

\_\_\_ *I do not wish to be included in the BIANYS website or newsletter.*

**Please include a short biography (500 words or less) if you would like it posted with the artwork or included in the Program.**

Please use this space to continue the description of artwork, if needed:

---

---

---

---

**Brain Injury Association of New York State  
4 Pine West Plaza, Suite 402  
Albany, NY 12205  
518-459-7911**