



# Annual Art Exhibit

April 25–29, 2016

South Concourse  
Empire State Plaza  
Albany, NY

## Participation Form

Please complete this form (both sides)  
and submit it with your artwork to **BIANYS** by April 8.

**Contact Name:** \_\_\_\_\_

**Daytime Phone Number (include area code):** (        ) \_\_\_\_\_

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

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

**Artist's Name (if different from above):** \_\_\_\_\_

**Number of Pieces of Artwork:** \_\_\_\_\_

**Short Description of pieces (see Guidelines for specifications):** *(use back of page if needed)*

**Is postage included for pieces that are to be mailed back to sender?** \_\_\_ Yes \_\_\_ No

**Amount included:** \_\_\_\_\_

**Address for return of artwork (if different from above):**

Please complete back of form.

**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:

**Please mark each piece with the name and phone number/ email address of the artist.**

**All work MUST be picked up from BIANYS May 9—13.**

**Please allow up to 2 weeks to receive artwork submitted with return postage.**