



Annual Art Exhibit Participant Form

Please complete this form (both sides) and submit it with your artwork to BIANYS by April 12.

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**