



Art Port Townsend

Northwind Arts Alliance

VISUAL IMAGE FORM

1. Please provide the following:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

2. Please label your slide, photo or digital image as follows:

- Artist
- Title
- Dimensions
- Medium / Technique

3. Please indicate the top of the work by an **arrow**.

4. Please answer the following questions:

(a.) I would like my slide/photo/digital image considered for the poster Yes ___ No ___

(b.) I would like my slide/photo/digital image in the brochure Yes ___ No ___