

Exhibit:

ATTACH TO BACK OF WORK:
Artwork: _____ of _____ Work/s
Name:
Email:
Phone:
Artwork:
Title:
Medium:
Price: \$ _____ or indicate NFS: _____
Frame Size: height _____ x width _____
Artist Pickup: _____ Yes _____ No
No? Pickup by:
Fee Paid: \$ _____ Cash _____ Check*
*checks payable to: Printmakers of Cape Cod

Exhibit:

SUBMIT AT PCC REGISTRATION:
Artwork: _____ of _____ Work/s
Name:
Email:
Phone:
Artwork:
Title:
Medium:
Price: \$ _____ or indicate: NFS _____
Frame Size: height _____ x width _____
Artist Pickup: _____ Yes _____ No
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