Artist Expression of Interest



Details	
FIRST NAME:	
LAST NAME:	
DATE OF BIRTH:	
ADDRESS:	
STATE:	
POSTCODE:	
EMAIL:	
PHONE:	
GALLERY / DEALER CONTACT DETAILS (if applicable):	
Details of Proposed A	twork
WESTERN AUSTRALIAN FLORA (botanical name/s)	
MEDIUM:	
APPROXIMATE SIZE:	
DESCRIPTION:	

Artist Expression of Interest



List of Attached Images with Artwork Details

(name image file using artist-title-medium-dimensions-yearcreated.jpg)

1	
2	
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4	
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6	
I am a	read the terms and conditions of entry and agree to abide by these conditions. n Australian Citizen or Permanent Resident. I declare that my proposed artwork will be iginal work and will not have been exhibited or entered in any other art prize or award.
Name	:
Signa	ture:
Date:	
ΕOL	Checklist (See Guidelines)
	COMPLETED EOI FORM
	ARTIST STATEMENT
	ARTIST CV
	6 IMAGES OF PREVIOUS OR CURRENT WORK
	(No larger than 1.2 MB each, named as artist-title-medium-dimensions-yearcreated.jpg)

Email your application to **ybap@gallery152.com.au** Entries close Sunday August 1, 2021, 11.59 pm AWST