

Colophon Form

Name:

Address:

Postcode:

Email

Home phone:

Work phone:

Exhibition:

Opening date:

/ /

Closing date:

/ /

Exhibition
address:

Title of work:

Medium:

Plate size

Mat size:

Paper

Edition size:

of

Artist price:

\$

Artist
statement:

Artist signature:

Office use only

PCANZ reference number:

Invoice number: