

ArtSeed PO Box 29277, San Francisco, CA 94129-0277 Tel: 415.656-9849 Fax: 415-751-4442

email: josefa@artseed.org Shebangs/Misc Shows/2019RenderingPowerJV_GB8_16

ArtSeed Artwork Drop-off/Pick-up Form and Waiver

ArtSeed's Year-end exhibition title: Only Zombies Race to Mass Extinction!

Exhibition dates: from September 3 to October 3, can be viewed Monday through Friday, 8:30 a.m. - 5 p.m. or by appointment **Where**: China Brotsky & Seed Galleries at Tides Converge in the Presidio, 1007 General Kennedy Ave, San Francisco.

Opening reception: Thursday, September 3, 2020, 5 p.m. - 7 p.m.; Closing Reception: Saturday, October 3, 2020, 3 p.m. - 5 p.m.

Please complete the form below for attachment to the back of your artwork. You may save this top portion for your records. **Artwork pick-up** Closing Reception, Saturday, October 3, 2020 at 5 p.m. or by appointment. **Contact: ArtSeed's Executive Director Josefa Vaughan at 415-656-9849**

(Save this top portion for your records)		
Please fill out and check the requests for information below, att fill out if submitting more than one work. Use the reverse to give	ach this portion to back of work.	Make additional copies of this form to
I permit ArtSeed to reproduce my art for publicity purpos My bio is enclosed, I will send it later I am interested in mentoring, donating \$:, or supp		. volunteering: . other: .
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ArtSeed Liability Waiver: I understand that by submission of any work to ArtSeed, I at ArtSeed, Tides Inc., The Presidio Trust, Avison Young Man be taken in processing and handling work and in providing sunderstand that ArtSeed does not provide insurance for display areas will be unguarded and open to the public. I ad	agement Services, Inc., and Ti safety for the art on display rela played items and that the build	des Converge. Every precaution will ative to its display context. I ling is not climate controlled, some
Signature:		Date:
Print First Name:	Last Name:	
Address with city & zip code:		
Phone:	Email:	
Work Description	This is (number) entered.	of works
Artist's full name:		
Size: Medium: _		
Related information (optional):		
Title of work:		Retail value:
(Check one): I donate all sales proceeds to ArtSeed	_; I retain 20%, 30%, 40	%, 50%; not for sale.
Please write your name legibly and sign below at pick up return to write their name, relation to you and sign below		son responsible for the artwork's
Printed Name(s):	Signature:	Date:



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Work Description	This is (number) of works entered.	
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Related information (optional):		
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