

**PROJECT APPLICATION FORM
HHCRI GALLERY**

Artist's Name _____ Date _____

Address _____

City/State _____ Zip Code _____

E-mail Address _____ Telephone _____

Website: _____

Fax _____ Telephone #2 _____

Names and E-mail or telephone numbers of additional team members, if applicable:

Name _____ E-mail or Phone _____

Name _____ E-mail or Phone _____

To ensure that your application is complete, please check off the following items as enclosed:

- Project Application Form (print out this form and include with CD)
- 10 labeled images. Artists applying as a team may submit ten images for each team member, *included on CD. Maximum of three (3) team members = 30 Images*
- Image description list, *included on CD. For each Image submitted*
- Resume (1 page) *included on CD. For each artist team member, maximum of three (3) artists per application*

Artwork that does not conform to the images submitted on CD or misrepresented will not be hung.

Submit all completed applications to:

**Mr. K. Speiser
PUBLIC ART WORKS
131 Rochambeau Avenue
Providence, RI 02906-2504**