|  |  |
| --- | --- |
|  | A R T W O R K A P P L I C A T I O N F O R M  |

|  |  |
| --- | --- |
| Artist's Name : |  |
| Phone Number : |  |
| Artwork’s Title :  |  |
| Technique and Dimensions : |  |
| Production Date : |  |
| Artist's Biography : | Resume, including five selected activities and not exceeding 150 words: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Yes**

|  |
| --- |
|  |

 | **No**

|  |
| --- |
|  |

 | **I want to donate my work to Çukurova University. (PLACE X SIGN)** |

|  |  |
| --- | --- |
| Return address of artwork: |  |

**Note:** All the shipping expenses will be covered by author.

This form will be sent to **sanatarastirmalari03sergi@gmail.com**