

# Feature Artist Submission Form

---

|            |                      |           |                      |
|------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Address    | <input type="text"/> |           |                      |
| City/State | <input type="text"/> | Zipcode   | <input type="text"/> |
| Phone      | <input type="text"/> | Email     | <input type="text"/> |

**Feature Artist duration you are interested in:**

☐ One Month    ☐ Two Months    ☐ Three Months

☐ Other

**What is the approx. amount of products you anticipate to include monthly?**

☐ 1-5

☐ 5-10

☐ 10-15

☐ 15-20

**Have you read through our Feature Artist Info Package?**    ☐ No    ☐ Yes

**Why are you interested in becoming a Feature Artist?**

*The personal information above is collected in order to evaluate the Feature Artist candidates during the evaluation process. You will be contacted with either an acceptance for a Feature Artist duration or to let you know that there are no spots at this time and your submission will be added to a list of artists to contact when future spots open up.*

*By signing this, I acknowledge that the information I've given is accurate.*

