

# ITAB International TECHstyle Art Biennial

LAST/FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE OR POSTAL CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

There is a \$35 entry fee for each entry. PAYMENT METHOD: CHECK MONEY ORDER

DATE OF ONLINE TRANSACTION at [www.sjqquiltmuseum.org/ITAB2012](http://www.sjqquiltmuseum.org/ITAB2012) AND NAME ON CREDIT CARD

IF DIFFERENT: \_\_\_\_\_

All checks or international money orders MUST be in US currency and drawn on a US Bank. Make checks out to SJMQT.

Credit card payments MUST BE MADE ON-LINE at [www.sjqquiltmuseum.org/ITAB2012](http://www.sjqquiltmuseum.org/ITAB2012) PRIOR to mailing this form.

If the name and date of the online transaction is not included, your entry will be rejected.

I HAVE READ THE International TECHstyle Art Biennial 2012 PROSPECTUS AND AGREE TO ALL REQUIREMENTS AND CONDITIONS SET FORTH THEREIN.

SIGNATURE: \_\_\_\_\_

**MAIL ENTRY TO: ITAB 2012 – San Jose Museum of Quilts & Textiles – 520 South First Street – San Jose, CA 95113 USA**

## DESCRIPTION(S) OF WORK(S) SUBMITTED:

TITLE 1: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

MATERIALS: \_\_\_\_\_

TECHNIQUE: \_\_\_\_\_

SIZE: \_\_\_\_\_ PHOTOGRAPHER: \_\_\_\_\_

(H x W x D in inches – installations must state total space requirement.)

RETAIL SALE PRICE: \_\_\_\_\_ INSURANCE VALUE: \_\_\_\_\_ NOT FOR SALE \_\_\_\_\_

(U.S. currency value) (Must be at least 50% of retail price)

TITLE 2: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

MATERIALS: \_\_\_\_\_

TECHNIQUE: \_\_\_\_\_

SIZE: \_\_\_\_\_ PHOTOGRAPHER: \_\_\_\_\_

(H x W x D in inches – installations must state total space requirement.)

RETAIL SALE PRICE: \_\_\_\_\_ INSURANCE VALUE: \_\_\_\_\_ NOT FOR SALE \_\_\_\_\_

(U.S. currency value) (Must be at least 50% of retail price)

TITLE 3: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

MATERIALS: \_\_\_\_\_

TECHNIQUE: \_\_\_\_\_

SIZE: \_\_\_\_\_ PHOTOGRAPHER: \_\_\_\_\_

(H x W x D in inches – installations must state total space requirement.)

RETAIL SALE PRICE: \_\_\_\_\_ INSURANCE VALUE: \_\_\_\_\_ NOT FOR SALE \_\_\_\_\_

(U.S. currency value) (Must be at least 50% of retail price)

**SUBMISSION POSTMARK DEADLINE: APRIL 2, 2012**

YOU MAY ALSO DOWNLOAD A FILLABLE VERSION OF THIS FORM AT [WWW.SJQUILTMUSEUM.ORG/ITAB2012](http://WWW.SJQUILTMUSEUM.ORG/ITAB2012)

AND EMAIL THE COMPLETED FORM AND YOUR IMAGES TO [ITAB2012@SJQUILTMUSEUM.ORG](mailto:ITAB2012@SJQUILTMUSEUM.ORG).