



**Please complete this form and send back to Port Pirie Regional Art Gallery if you would like to continue to be on our 'Artist Database'.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **P/C:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Field of Practice or Interest (painting, sculpture etc):** \_\_\_\_\_

\_\_\_\_\_

**I am interested in hearing about (please tick any applicable)**

**Workshops**            **Exhibitions**            **Art Prizes**   

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