NAME

SURNAME

BIRDH DATE / NATIONALITY

ADRESS

PHONE

E-MAIL

ARTWORK TITLE

DATE OF ARTWORK

SIZE OF WORK

TECHNIQUE / DESCRIPTION

I accept the terms of contest:

**ATTEMPT 4 International Contest for Experiment in Visual Art.**

I agree to grant City Art Gallery of Kalisz the copyright license, free of charge, to use the submitted

photographs of my works as well as the works themselves in the scope of the organized contest.

DATE SIGNATURE