

# Artist Registration Form

CACE Galleries

PO Box 244

Crossville, TN 38557

Artist Number

(please print)

Artist Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_

Cell Phone: (      ) \_\_\_\_\_

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

Website: \_\_\_\_\_

Please list the media in which you work: \_\_\_\_\_

## ***Permission to Use Artwork***

*I hereby give permission for the CACE Galleries, the Shanks Center for the Arts, or the Cumberland Business Incubator (CBI) to use imagines of my art work for publicity purposes; brochures, flyers, website, and other marketing. It is understood that I will receive no payment or other compensation by CACE, the Shanks Center, or CBI for such use.*

*Permission granted*

*Permission Denied*

*I have read the CACE Gallery Guidelines and agree to the terms of exhibiting and sales.*

Artist Signature: \_\_\_\_\_

Date: \_\_\_\_\_