

Please print this form, fill it in as completely as possible, then mail or fax it to ARTISIN

Name and address (please fill in all that apply)

First Name Last Name

Home Address

City State ZIP Code

Business Name

Business Address

City State ZIP Code

Studio Name

Studio Address

City State ZIP Code

Contact details

Telephone Cell Phone

Email Website

About you

For how many years have you been practicing as an artist ? Full or part-time ?

Artistic discipline(s) (please check all that apply and include a brief description of your practice):

- | | | |
|----------------|--------------------------|----------------------|
| Visual art | <input type="checkbox"/> | <input type="text"/> |
| Craft/Handmade | <input type="checkbox"/> | <input type="text"/> |
| Performing art | <input type="checkbox"/> | <input type="text"/> |
| Literature | <input type="checkbox"/> | <input type="text"/> |
| Film/video | <input type="checkbox"/> | <input type="text"/> |
| Architecture | <input type="checkbox"/> | <input type="text"/> |
| Design | <input type="checkbox"/> | <input type="text"/> |
| New media | <input type="checkbox"/> | <input type="text"/> |
| Other | <input type="checkbox"/> | <input type="text"/> |

What are your sources of income ? (please indicate the approximate **proportion** for each, not how much you earn!)

Primary Secondary

Have you participated in previous professional development workshops? If so, what organizations and topics?

What organizations and professional associations are you affiliated with or a member of?