

# Artwork details

Please describe your work and pieces you plan to exhibit.

Name of artist

How many pieces of art? ( max 3 pieces)

Please prioritize if you have more than one piece.

Artwork nr:  (please, fill out a separate form for each artwork)

|   |   |   |
|---|---|---|
| Title   | Year of creation  | Dimensions (w/l/h)  |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Medium  | Technique   | Weight  |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Wall Hanging ?  | Pedestal Required ?   | Suspension from ceiling ?   |
| <input type="text"/> Yes <input type="text"/> No <input type="text"/> Other | <input type="text"/> Yes <input type="text"/> No <input type="text"/> Other | <input type="text"/> Yes <input type="text"/> No <input type="text"/> Other |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |

Submit form to: [hello@offcenter-europe.com](mailto:hello@offcenter-europe.com)