

FORMAT FOR WORKSHOPS IN ARTERIA

CREATION AND ARTISTIC DEVELOPMENT

REGISTRATION CODE:

1. NAME

Paternal Surname:	Maternal Surname:	Name(s)
Place/ Date of birth	Nationality:	Language(s):
Website:	Artist name:	

2. ADDRESS

Street:	Municipality:	
Num.	Z.C	State:
Telephone:		Email Address:

3. WORKSHOP DESCRIPTION

Instructional Program:

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To whom is intended?

How many students can participate (preferred)?

4. COURSE DURATION

Weekly Hours

Suggested Days

How long does the workshop last?

5. MATERIALS

Required material for the workshop (chairs, tables, whiteboard, furniture, illumination.)

6. COST

Salary of the instructor/ suggested for the full Workshop:

7. References that correspond to the Workshop (video,photos etc..)Send mail:

info@arteriachiapas.com

8. PERSONAL REFERENCES (CONTACTS)

Media he/ she has worked in:

Workshops he/ she has done in the past (number of days):

9. FELLOWSHIPS AND VOLUNTARY COOPERATION

Are you willing to offer the workshop to students with limited resources? How many persons?

10. OBSERVATIONS

Commission:

A commission of 30 % applies to all works sold as part Artery exhibitions Chiapas.

Statement

I submit this proposal for consideration for inclusion in Arteria Chiapas. The work presented in this application is only the artistic product of myself / group and not knowingly infringe the intellectual or moral rights of any other party. I acknowledge that if my application is accepted, Arteria Chiapas has the right to use the documentation, visual, audio or written and the work in promoting the exhibition and the like in future exhibitions. I am aware that the selection committee's decision is final and no correspondence will be entered into.

Date: _____

Signature: _____

(By signing below you agree with all the details described in this document)