



ENTRY FORM – PHASE 2 – DUE 4/17/20

AtlantiCare Specialty Offices – Building 1200

Please complete and download this entry form.

Name (Please Print): _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Email: _____

Signature: _____ Date: _____

Note: You may not submit more than 10 pieces of artwork.

Sizes needed & compensation (fee required):

- Large Artwork – approx. 20 x 30 \$400
- Medium Artwork – approx. 18 x 24 \$300
- Small Artwork – approx. 11 x 14 \$175

Titles should correspond with your downloaded artwork.

Name (Please Print): _____

	Title	Medium	Original Or Print	Size	Fee
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____