GILPIN ARTS ASSOCIATION 2019 INVENTORY FORM

Last Name: First name: Artist ID:

Address: Zip:

Phone: Email:

ARTIST ID THE FIRST 3 LETTERS OF YOUR LAST NAME FOLLOWED BY THE FIRST LETTER OF YOUR FIRST NAME FOLLOWED BY AN 800# SERIES **EXAMPLE:** ROUM-800, ROUM-801, ROUM-802

Artist ID	Title	Media	Retail Price*	Date Sold
-800				
* Gallery takes a 40% commission of the retail price. Artists get 60% of retail price.				
Delivery date:		Pick-up date:		

Artist: Artist:

Gallery Representive: Gallery Representative: