



**VISUAL ARTS ON-LINE APPLICATION FORM**

I, \_\_\_\_\_ (Artist Name) would like my 5 jpeg images and bio displayed on the Featured Artist page of the Anatomically Correct website [www.anatomicallycorrect.org](http://www.anatomicallycorrect.org). I represent that these images are my own work and that I retain the copyright to such images. I will be assigned a Featured Artist webpage and any inquiries regarding my artwork will go directly to my email address. For security reasons, we cannot link to outside websites, however, **all web inquiries through your Featured Artist web page will be sent directly to the email address you provide below.**

Featured Artists are eligible for participation in all Anatomically Correct exhibitions. You will be placed on our email notification list for upcoming exhibitions and events.

**EMAIL TO FORWARD WEB INQUIRIES FROM ANATOMICALLY CORRECT WEBSITE:**

Web Inquiry Email Address: \_\_\_\_\_ (REQUIRED)

**PLEASE LABEL YOUR JPEG IMAGES TO COORDINATE WITH NUMBERS AND INFORMATION BELOW:**

JPEG #1  
Title \_\_\_\_\_ Medium \_\_\_\_\_ Dimensions \_\_\_\_\_

JPEG #2  
Title \_\_\_\_\_ Medium \_\_\_\_\_ Dimensions \_\_\_\_\_

JPEG #3  
Title \_\_\_\_\_ Medium \_\_\_\_\_ Dimensions \_\_\_\_\_

JPEG #4  
Title \_\_\_\_\_ Medium \_\_\_\_\_ Dimensions \_\_\_\_\_

JPEG #5  
Title \_\_\_\_\_ Medium \_\_\_\_\_ Dimensions \_\_\_\_\_

**FOR ACCOUNTING PURPOSES:**

**Please charge my credit card \$125**

Visa/MC \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize Anatomically Correct to charge my credit card \$125. This is an annual non-refundable fee and will not be processed if application is rejected. Anatomically Correct reserves the right to reject any submissions at its discretion. Your online registry is eligible for renewal one year from the date of acceptance. Renewal notices will be emailed to your email account on file. You are responsible for the sale of your work, however, if you would like Anatomically Correct to act as your sales representative, arrangements for this can be made separately.

For credit card security purposes, please provide the following:

NAME ON CREDIT CARD \_\_\_\_\_

ADDRESS ON FILE WITH CREDIT CARD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

**PLEASE EMAIL THIS COMPLETED FORM, ALONG WITH YOUR BIO (75 WORDS OR LESS) AND 5 JPEG IMAGES TO [ANATOMICALLY@RIPCO.COM](mailto:ANATOMICALLY@RIPCO.COM) OR MAIL VIA REGULAR MAIL TO:**

**ANATOMICALLY CORRECT, 858 WEST ARMITAGE #354, CHICAGO, IL 60614**

Cd rom will not be returned. Please make check payable to Anatomically Correct