

EXHIBITOR REGISTER FORM

THE COMPLETED REGISTRATION FILE MUST BE SEND BACK BEFORE
10th June 2024

ARTIST'S DETAILS

CIVILITY		<input type="radio"/> MR	<input type="radio"/> MRS
NAME		SURNAME	
ARTIST ALIAS (if different from the surname and name)			
BIRTHDAY		NATIONALITY	
ADRESS		AREA CODE	COUNTRY
		CITY	
PHONE	EMAIL		
WEBSITE			

DOCUMENTS TO BE ATTACHED

- + Artist's CV
- + Artistic approach of the artwork
- + Photo(s) of the artwork(s)
- + Proof of age if under 30
- + Bank detail for possible refund

ARE YOU AN ADAGP MEMBER?
IF YES, PLEASE TICK HERE

WISHED SECTION

- ARCHITECTURE
- ENVIRONMENTAL ART, DESIGN, INSTALLATION,
TEXTILE, DECORATIVE ART, CERAMICS, STAINED GLASS
- DIGITAL ART, VIDEO

- SINGULAR ART
- DRAWING, PASTEL, ILLUSTRATION, COMICS, MANGA
- ENGRAVING
- ARTIST'S BOOKS
- PAINTING

- WATERCOLOUR ON PAPER
- PHOTOGRAPHY
- SCULPTURE
- STREET ART, COLLAGE

ARTWORK(S)

1	TITLE	DATE	HEIGHT CM.	WIDTH CM.
		SUPPORT	DEPTH CM.	WEIGHT KG.
	TECHNIQUE(S)	MEDIUM		PRICE €.
2	TITLE	DATE	HEIGHT CM.	WIDTH CM.
		SUPPORT	DEPTH CM.	WEIGHT KG.
	TECHNIQUE(S)	MEDIUM		PRICE €.

3	TITLE	DATE	HEIGHT CM.	WIDTH CM.
	TECHNIQUE(S)	SUPPORT	DEPTH CM.	WEIGHT KG.
4	TITLE	DATE	HEIGHT CM.	WIDTH CM.
	TECHNIQUE(S)	SUPPORT	DEPTH CM.	WEIGHT KG.
5	TITLE	DATE	HEIGHT CM.	WIDTH CM.
	TECHNIQUE(S)	SUPPORT	DEPTH CM.	WEIGHT KG.
6	TITLE	DATE	HEIGHT CM.	WIDTH CM.
	TECHNIQUE(S)	SUPPORT	DEPTH CM.	WEIGHT KG.

CHEQUES REFERENCES JOINED TO THESE REGISTRATION FORM

REGISTRATION FEES	69.€
IF RESIDES ABROAD (BANK TRANSFER)	99.€
IF MEMBER OF THE SALON	0.€
IF MEMBER RESIDES ABROAD	30.€

EXHIBITION FEES	510.€
IF MEMBER OF THE SALON	380.€
IF ENGRAVING OR ARTIST'S BOOK	280.€
IF UNDER 30 WITH PRESENTING ID	255.€
IF ENGRAVING OR ARTIST'S BOOK AND MEMBER OR UNDER 30	220.€

BANK NAME	CHEQUE OR TRANSFER NUM.	DATE	AMOUNT €.
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JOIN A BANK DETAIL FOR POSSIBLE REFUND OF REGISTRATION FEES

PUBLICATION OF CONTACT DETAILS

<input type="checkbox"/> I AUTHORIZE THE SALON D'AUTOMNE TO PUBLISH MY CONTACT INFORMATION IN THE CATALOG	<input type="checkbox"/> EMAIL	<input type="checkbox"/> PHONE	<input type="checkbox"/> ADDRESS
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ARTIST'S CERTIFICATE

I the undersigned,

Declare that the information I provide in this form are accurate and truthful. I acknowledge having read the rules of the exhibition, and accept them without reservation. I undertake to make no claim to the Association of the Salon d'Automne, on the occasion of the exhibition of the current year, in case of change of place or date, deterioration, loss or theft, any damage concerning my work. I acknowledge being informed that it is my responsibility to take out insurance for the work I exhibit at the Salon d'Automne. I undertake, as well as my insurance, to waive all recourse to the Association Salon d'Automne, its employees or its contractual service providers. Subject to the agreements concluded by the Salon d'Automne with the Association for the Defence of Authors' Rights in Graphic and Plastic Arts (ADAGP), I undertake not to ask the Salon d'Automne for a reproduction right for the insertion in the catalogue or on the website, or on any media dealing with the subject of the Salon d'Automne, and I declare to waive the associated copyrights for an unlimited period and in all countries of the world. I also acknowledge that I have made the payments requested by me at the Salon d'Automne, both for the registration fees and for the hanging fees. Force Majeure Event: The Salon d'Automne will not be held responsible in the event of the non-fulfilment of its obligations, upon the occurrence of a case of force majeure, defined as any unforeseeable event, irresistible and resulting from external circumstances, making it impossible to organize the exhibition under the conditions described in this form.

DATE

SIGNATURE