

Artists of Minnesota Spring Conference, April 25 - 27, 2025
Registration (must be postmarked by April 7)
(Please print clearly.)

Please fill out as applicable:

*Meal details are included on another page.

Name _____

Address _____

City/Zip _____ Phone _____

Email _____

Guest(s) names _____

IF ENTERING ARTWORK fill out info below. Enter a price (inc. tax) if you want it listed in program, otherwise state NFS=Not For Sale OR SA=See Artist.

Entry #1 Title _____

Category # _____ Media _____ Price _____

Entry #2 Title _____

Category # _____ Media _____ Price _____

I understand that the Courtyard by Marriott and others involved with the Spring Conference will exercise due caution with my work, but shall not be liable for any damage or loss of my work. I verify that my painting/art work is original and recent. **IF I** am unable to deliver or retrieve my work from the show myself, I have designated the following person to do so on my behalf: _____

By signing below, you verify that information on this form is correct and you agree to all terms:

(signed) _____ Date _____

**PLEASE FILL OUT ALL
INFORMATION AND SIGN.
RETURN THIS PAGE:**

**Make check payable to
Artists of Minnesota.**

Send registration and payment to:
Sue Brown Chapin, P.O. Box 43,
Carlton, MN 55718
If you have any questions, email:
artistsminnesota@gmail.com,
or call Conference Coordinator
Sue Brown Chapin at 218-565-2359.

***PAINTING TAGS, to be attached to
the back of your artwork,
are included on another page.***

Registration Fee (\$25) \$ _____

Saturday Breakfast Buffet
(\$19) plus Guest _____ \$ _____

Saturday Lunch Buffet
(\$25) plus Guest _____ \$ _____

Saturday Banquet
(\$38) ROAST BEEF
plus Guest _____ \$ _____

Saturday Banquet
(\$39) CHICKEN
plus Guest _____ \$ _____

Saturday Banquet
(\$29) SALMON
plus Guest _____ \$ _____

Sunday Brunch Buffet
(\$28) plus Guest _____ \$ _____

Please check if attending the free Art Activity:
_____ Art Activity for Zonta

Members' Choice Award
Donation (optional) \$ _____

*(If you haven't already renewed or joined,
please fill out the membership form below and
include it with registration).*

TOTAL DUE \$ _____

Artists of Minnesota 2025 Membership Form FREE

Name _____

Address _____

City/State/Zip _____

County _____ Phone _____

Email _____

Website (if applicable) _____

_____ NEW _____ RENEWAL

Amt. Enclosed: N/A - FREE

