

**Artists of Minnesota Spring Conference, May 3 - 5, 2024**  
**Registration (must be postmarked by April 12)**  
*(Please print clearly.)*

**Please fill out as applicable:**

\*Meal details are included on another page.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Guest(s) names \_\_\_\_\_

Registration Fee (\$25) \$ \_\_\_\_\_

Saturday Breakfast  
 (\$18) plus Guest \_\_\_\_\_ \$ \_\_\_\_\_

Saturday Lunch  
 (\$19.50) plus Guest \_\_\_\_\_ \$ \_\_\_\_\_

Saturday Banquet  
 (\$37.50) SALMON  
 plus Guest \_\_\_\_\_ \$ \_\_\_\_\_

Saturday Banquet  
 (\$27.50) CHICKEN  
 plus Guest \_\_\_\_\_ \$ \_\_\_\_\_

Sunday Brunch Buffet  
 (\$21) plus Guest \_\_\_\_\_ \$ \_\_\_\_\_

Please check if attending the free Art Activity:  
 \_\_\_\_\_ Art Activity for Encore! Gallery

Members' Choice Award  
 Donation (optional) \$ \_\_\_\_\_

Member Dues 2024  
 (\$25 if not already paid) \$ \_\_\_\_\_

*(Please fill out the membership form below and include it with registration).*

**TOTAL DUE** \$ \_\_\_\_\_

**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 Holiday Inn 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.**

**Artists of Minnesota 2024 Membership Form \$25**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

\_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL Amt. Enclosed \_\_\_\_\_

**EITHER include this form with Conference Registration (if attending), OR mail it to: Sue Brown Chapin, P.O. 43, Carlton, MN 55718**

