

## Artist Inventory Record

Name:			Phone:				Intake Date:		
Address:			Email:				Take down Date:		
City:			Member: Yes No Willing to exhibit at Satellite gallery: Yes No				Name of Exhibit:		
#	Medium	Title	Description	Size	Price	Date Sold	Receipt #	Pickup Date	Staff Intl
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
Please give EACH of your artworks an identification number									