



**SUBMISSION FORM**  
**Work submitted for inclusion in**  
**SEATS OF: Chairs in Art**  
**Museum of the Imagination, Hudson, NY**  
**October – December 2013**

**Artist information:**

1. Full name:

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2. Artistic name (if different):

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3. Full address:

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4. Telephone, e-mail (required):

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**Information on work submitted:**

	Title	Series	Dimensions (inches)	Year	Medium
1					
2					
3					
4					
5					