

Submission Form

This form is for the submission of unique works only [no prints or multiples]. One work per form. Please type or print. All information is strictly confidential.

Work of Art				
Title				
Date				
Medium				
Signature / Inscription [please transcribe, include any initials]				
Location of signature on work				
Division	f. 1 1b			
Dimensions in	[] Inch	[] Centimeters		
[measure to the nearest 1/8 inch]	Н	L	W	
Labels or markings on reverse/bottom				
Description of work				



Provenance

Please include any relevant documentation [invoices, receipts, letters] as well as any dealer inventory numbers, auction sale and lot numbers.

1 Current Owner [You]			
Full Name[s]			
Daytime Telephone			
Street, city, state, country, zip code			
Purchase year	Year		
Do you still own the work?	[] Yes	[] No	
If sold, when?	Month	Day	Year
Sold to/by [name of buyer, dealer, broker, consultant, or other agent]			
Your collection credit [e.g. >Your name< or >Private Collection<]			
Include city?	[] Yes	[] No	
Include state?	[] Yes	[] No	
	Do you wish to have your e-mail address added to our mailing list for catalogue raisonné announcements? Addresses remain strictly confidential.		
	[] Yes	[] No	
2 Previous Owner [from whom you acquired the work]			
Full Name[s]			
Daytime Telephone			
Street, city, state, country, zip code			

KIKI KOGELNIK FOUNDATION

Date acquired and any additional information Other Known Prior Owners					
Name	Month	Day	Year		
3 Exhibition History					
Name	Year				
AB DESCRIPTION					
4 Publication History					
Name	Year				
Photography	any photogra Should we bo work[s], we v graphy throu	aphic materials you n e in need of high-qu vill make every atten ugh a visit to your sit e indicate the contac	, 8 ×10, TIFF, JPG, etc.] of may have of your work[s]. ality photography of your mpt to obtain new photo- e by arrangement. et person for scheduling		
Full Name	E-mail addre	ess			
	Phone				