

# CR Submission Form

Doug Ohlson Catalogue Raisonné Research Project Submission Form

## OWNER OR SUBMITTER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zipcode or Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_

Telephone: office \_\_\_\_\_ home \_\_\_\_\_ Facsimile: \_\_\_\_\_

Skype: \_\_\_\_\_

## WORK OF ART

Title: \_\_\_\_\_

Year: \_\_\_\_\_

Medium: \_\_\_\_\_ Other: \_\_\_\_\_ [please specify]

Support: \_\_\_\_\_ Other: \_\_\_\_\_ [please specify]

Size: \_\_\_\_\_

Framed: Height: \_\_\_\_\_ [inches] \_\_\_\_\_ [cms]

Width: \_\_\_\_\_ [inches] \_\_\_\_\_ [cms]



## ACQUISITION

How was the work acquired? (e.g., purchased from gallery or auction, inheritance, trade or exchange)

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When and where was the work acquired, and from what person or entity?

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Do you have sales records, auction catalogues, ephemera, trust documents or other materials regarding ownership?  YES  NO

Would you be willing to make those available such materials to the Project for review if the work were accepted by the Project?  YES  NO  OTHER

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## EXHIBITION HISTORY

Please indicate if you have exhibited this work and identify the exhibition(s) by title, venue

and date: \_\_\_\_\_

Additional exhibition information: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## PHOTOGRAPHY AND USE AND RETURN POLICY

The Project requests the following formats for submission of the images of the work:

For Consideration:

Preferred format: Digital image approximately 1600 pixels by 1600 pixels.

Minimum Format Requirements: Digital image approximately 800 pixels by 800 pixels.

We also ask you to provide a reference image of the REVERSE of the painting (including details of the signature, markings, labels and inscriptions), although these can be taken with a personal camera.

Are you able to provide a reference image of the REVERSE of your painting at this time?

YES       NO

For Publication:

If the work is accepted by the Project, will you agree to provide the Project with the following digital format?

Yes  No

Professional Digital: Digital Image suitable for publication—pixel dimensions—Minimum 3000 pixels by 3000 pixels.

The Project agrees to use the images submitted only for purposes of the Catalogue Raisonné. The Project will contact you regarding any other uses.

**ACKNOWLEDGMENTS**

If the work submitted is selected for publication by the Project, please indicate the credit line on how you would like to be acknowledged, or indicate your request for anonymity.

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**ADDITIONAL INFORMATION**

Please provide any other information or material related to the work [optional open-ended space].

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## **OWNER/AGENT VERIFICATION**

By submitting this Form, and the information and materials therein, you hereby warrant and represent that you own all right, title and interest to the work, or that you are the authorized agent or legal representative of the rightful owner, and that you have the authority to make this submission for consideration by the Project. You further warrant and represent that to the best of your knowledge, there are no claims or disputes pending, imminent or threatened, regarding the authenticity or ownership of the work.

I, \_\_\_\_\_, hereby agree.

Date: \_\_\_\_\_

## **TERMS AND CONDITIONS**

I understand and hereby agree that the Doug Ohlson Catalogue Raisonné Research Project is under no obligation to include or publish the Work(s) identified in the Submission Form in the Catalogue, and that the Project has sole discretion and judgment as to selection process and ultimate selection. I further understand and agree to the Return and Use Policy regarding photography recited in this Submission Form.

I, \_\_\_\_\_, hereby agree.

Date: \_\_\_\_\_