



**ARTS COUNCIL OF NEW ORLEANS
VISUAL ARTIST REGISTRY
-ACNOVAR-**



The Arts Council of New Orleans' **Visual Artist Registry (ACNOVAR)** is designed to provide an ongoing referral service for artists, private and corporate collectors, arts administrators, and arts advocates. ACNOVAR is the first step toward consideration for commissions and direct purchases for the **Percent For Art Program** and other public arts programs.

Please print or type. Date: _____

NAME: _____ **SS#:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **PHONE:** _____ **FAX:** _____

area code / home # *area code / business #*

EMAIL: _____ **WEBSITE:** _____

Please indicate three (3) categories that best describe your art work in order of preference (1,2,3).

- | | | |
|--|--|--|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Experimental | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Urban/Metropolitan Design | <input type="checkbox"/> Mixed Media |
| <input type="checkbox"/> Cartoonist | <input type="checkbox"/> Set Design | <input type="checkbox"/> Printmaking |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Costume Design | <input type="checkbox"/> Silkscreen |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Crafts | <input type="checkbox"/> Ceramics |
| <input type="checkbox"/> Sculpture | <input type="checkbox"/> Clay | <input type="checkbox"/> Stained Glass |
| <input type="checkbox"/> Design Arts | <input type="checkbox"/> Fiber | <input type="checkbox"/> Enamels |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Glass | <input type="checkbox"/> Jewelry |
| <input type="checkbox"/> Fashion Design | <input type="checkbox"/> Leather | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Metal | |
| <input type="checkbox"/> Industrial Design | <input type="checkbox"/> Paper | Other _____ |

Briefly describe your art form. _____

GALLERY/DEALER: _____ **PHONE:** _____ **FAX:** _____

AGENT/PERSON: _____ **PHONE:** _____ **FAX:** _____

Please attach a current resume and/or artist statement.

Return form to Arts Council of New Orleans, 935 Gravier St., Suite 850, New Orleans, LA 70112

(OVER)

IMAGES:

Please send the Arts Council up to **eight (8) images of recent work** on a PC compatible CD. In order for your images to be included in **ACNOVAR**, you must include a document containing the following information: Artist name, date of creation/copyright, Title, Medium, Dimensions. **It is advisable to update your images periodically. An email with JPEGs or TIFFS of up to 8 images is also acceptable. Send to mking@artscouncilofneworleans.org.**

• **Image formatting recommendations:**

- **Dimensions:** 1920 x 1920 pixels (either create black borders to make it square, or just make the largest side 1920)
- **File Format:** Save all images as BASELINE Standard JPEG.
- **File Size:** JPEGs must be under 1.8 MB.
- **Color space:** Save images in an RGB color space, preferably sRGB
- **Make sure they are PC Compatible**

Please note that the submitted images are the only way the Arts Council has of visually recording the characteristics of an artist's work and passing those characteristics on to the public at large. It is to an artist's advantage to fill out this form and send it in with as few as three slides.

The Arts Council provides referral service to the community for visual artists with specific training and skills. **Check any area in which you are interested in providing services. List in order of preference and/or experience. Check as many as apply.**

- | | |
|---|---|
| <input type="checkbox"/> art teacher (level_____) | <input type="checkbox"/> graphic arts |
| <input type="checkbox"/> art therapy | <input type="checkbox"/> gallery assistant |
| <input type="checkbox"/> private art instruction | <input type="checkbox"/> exhibit volunteer / docent |
| <input type="checkbox"/> lecturer | <input type="checkbox"/> curatorial service |
| <input type="checkbox"/> art consultant | <input type="checkbox"/> conservator / restorer |
| <input type="checkbox"/> commercial photography | <input type="checkbox"/> fabrication / installation assistant |
| <input type="checkbox"/> appraiser | <input type="checkbox"/> exhibit designer / preparator |
| <input type="checkbox"/> printer / binder | <input type="checkbox"/> flags / banners |
| <input type="checkbox"/> sign painter | other:_____ |

WOULD YOU LIKE TO BE SOLICITED BY AREA NON-PROFITS FOR DONATIONS OF YOUR ARTWORK TO THEIR FUNDRAISERS? YES_____ NO_____

The following information is optional. Please circle your answers.

GENDER: FEMALE / MALE

ETHNIC ORIGIN: AMERICAN INDIAN / ASIAN / AFRICAN AMERICAN / HISPANIC / WHITE

Please note that is the artist's responsibility to notify the Arts Council of any changes, including address, phone number, and/or media. It is to your advantage to keep your ACNOVAR file up-to-date.

The Public Art staff reserves the right to archive files that are outdated.

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