



## 2019 PARAART TOKYO ENTRY FORM

|  |  |         |                       |  |
|--|--|---------|-----------------------|--|
| NAME<br>(ENGLISH)  | FAMILY   | FIRST   | BIRTH DATE            |  |
|  |  |         | SEX                   |  |
| ADDRESS  |  |         | NATIONALITY           |  |
| RETURN ADDRESS   |  |         |                       |  |
| E-MAIL   |  | TEL/FAX |                       |  |
| TITLE  |  |         | SIZE                  | cm x<br>cm   |
| SHORT RESUME<br>(including Art-related experience)           |  |         | PICTURE FRAME         | Do not use glass-covered frames.<br>Acrylic fiber will be allowed.                               |
|  |  |         | TYPE OF PAINTING      | <input type="checkbox"/> Water<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Other |
| DISABILITY   | <input type="checkbox"/> PHYSICAL ( <input type="checkbox"/> VISUAL <input type="checkbox"/> HEARING <input type="checkbox"/> UPPER LIMB(S) <input type="checkbox"/> LOWER LIMB(S) <input type="checkbox"/> INTERNAL )<br><input type="checkbox"/> MENTAL<br><input type="checkbox"/> INTELLECTUAL   |         |                       |  |
| COLOR PHOTO  | <b>Separately attach the followings to email and sent with this form.</b> <ul style="list-style-type: none"> <li>• Good quality color photo of the work (JPEG, TIFF, PNG format)</li> <li>• Self portrait of the applicant</li> </ul>  |         |                       |  |
| CONDITIONS   | <ul style="list-style-type: none"> <li>• When selected, the successful applicant must send the works at own costs.</li> <li>• After the exhibition, Nippon Charity Kyokai will pay the freight expense and send the work back. (The freight insurance will cover damages up to US\$100.)</li> <li>• Nippon Charity Kyokai may use images of works for its website, publications, and other medium for promotional purposes.</li> </ul> |         |                       |  |
| By signing below, the applicant agrees the above conditions. |  |         |                       |  |
| DATE:  |  |         | _____                 |  |
|  |  |         | APPLICANT'S SIGNATURE |  |

**Executive Committee Office Address:**

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