Artwork Submission Form

| Artist Name: | |
|------------------------------------|--|
| Title: | |
| Book: (example Genesis) | |
| Chapter: | |
| Verse: | |
| Medium: | |
| Address: | |
| Phone: | |
| Email: | |
| Where did you hear about KLV 2014? | |
| | |

Mail artwork to: Right Brain Works Po Box 420

Crystal Lake, IL 60039