

**CENTRAL PRINT COUNCIL OF AOTEAROA NEW ZEALAND COLOPHON**

CPCANZ Ref No……………………….

Invoice Number………………………………

Artist:

|  |  |
| --- | --- |
| Postal Address: | |
| Email: | Phone: |

Title of work:

 Medium:

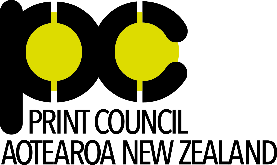
 Image/plate size in mm:

 Paper size in mm:

Frame or overall size (if applicable)

|  |  |
| --- | --- |
| Edition size: | No. of Prints available for sale: |

|  |  |
| --- | --- |
| Price to Artist: | Paper: |



**CENTRAL PRINT COUNCIL OF AOTEAROA NEW ZEALAND COLOPHON**

Name of Artist:

Title of Work:

Artist’s Statement:

|  |
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|  |

Artist’s Biographical Details:

|  |
| --- |
|  |

 Artist’s Signature: