



Registration Form – »FBZ art award«

I would like to register for the for the FBZ art award. Furthermore, I agree with the publication of my works in the form of photographs and contributions in radio, print and social media as well as television in the context of the "FBZ art award".

Name → _____

Address → _____

Phone → _____

E-mail → _____

I agree with the tender conditions → _____

Signature artist

Submitted work

Title → _____

Year → _____

Size → _____

Value → _____

Technique → _____



Forschungs- und
Behandlungszentrum für
psychische Gesundheit

Stiftung Kleine Kunstdialog West/Ost

Artist statement