

**Lyme Art Association Exhibition Tag**

Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

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**Exhibition Tag** (LAA keeps for Show Catalog)

Name \_\_\_\_\_

Title \_\_\_\_\_

Medium \_\_\_\_\_

Price \_\_\_\_\_

Exhibition \_\_\_\_\_

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Exhibition \_\_\_\_\_

Please print the first letter of your last name in the box.

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