

2024 CT Regional Scholastic Art Awards Invoice

PAYMENT and INVOICE MUST BE Postmarked BY DECEMBER 16, 2023.

Purchase orders must be accompanied by check.

SCHOOL or OEP NAME_				T BE INCLUDED WITH ALL FEEES TOWN							
*Teacher	Name	*Teacher F	Emai	1							
*Artworl	k Pickup Person				4	*Cell phone	Number				
	Type of Submissio	n	N	umber of Submissi	ons		Total				
	Individual Category Submissions — limit 30 - 8 per student (We recommend that you divide submissions equally among art teachers)					\$10 each	\$				
	Portfolios – limit 12					\$30 each	\$				
neatly or type please.)				TOTAL AMOUNT		NT	\$				
udent Name and Email Number of Works & Category Student			f Name and Email			ber of Works Category	Student Name and Email	Number o			

Student Name and Email	lent Name and Email Number of Works & Category		Number of Works & Category	Student Name and Email	Number of Works & Category

Delivery This Form and Fees: Saturday, December 16, 2023: 9:00 am – 3:00 pm

— Taub Hall, Hartford Art School, University of Hartford, 200 Bloomfield Ave., Hartford, CT

OR MAIL This Form and Check to: