

## THE GALLERY AT CANOPIUS BERMUDA

## APPLICATION

NAME			
TEL	EMAIL		
ADDRESS			
PLEASE LIST EACH J	PEG BY NAME AND INCLUDE SIZE	E & MEDIUM (MAXIMUM 8 WORKS)	
GALLERY AT CANOR		S FOR EXHIBITION CONSIDERATION BY ND THAT IF ANY WORKS ARE SELECTED, I \ VILL REQUIRE MY APPROVAL.	
Please note: This in	itiative is designed to provide	an exhibition & sales opportunity to Bermu	dia
•	~ , ,	n Bermuda, a Government-issued artist's lice ent that all funds from the sale of your worl	
•	da registered charity.	the that all funds from the sale of your work	\ Di
Signed		 Date	_

**DEADLINE**: Submissions to be made to <u>canopiusart@logic.bm</u> and must be received by Monday, 9<sup>th</sup> of February 2015

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Telephone: (441) 292-9905 Fax: (441) 294-9459