

## Art Purchase Awards Program 2012

The Artist Project invites you to join the **Art Purchase Awards Program**. For a minimum purchase of art for \$500+, you will support an independent artist, ensure the recognition of you or your company's presence at this distinctive art event AND receive an **amazing rewards package!**

For a minimum of either of the following denominations, you will receive:

### **\$500**

- > 2 tickets to the Opening Night Party (March 1, 2012)
- > 10 regular admission tickets to The Artist Project Toronto (March 2 - 4, 2012)
- > Free delivery of the purchased artwork to your home or office
- > Company or personal recognition on TAP website, Show Guide (12,000 copies onsite and 85,000 copies via NOW magazine), press kit, onsite & in the selected artist's booth
- > And a beautiful work of art!

### **\$1000+**

- > 4 tickets to the Opening Night Party (March 1, 2012)
- > 20 regular admission tickets to The Artist Project Toronto (March 2 - 4, 2012)
- > 10 regular admission tickets to the One of a Kind Spring Show (March 28 - April 1, 2012)
- > Free delivery of the purchased artwork to your home or office
- > Company or personal recognition on TAP website, show guide (12,000 copies onsite and 85,000 copies via NOW magazine), press kit, onsite & in the selected artist's booth
- > And a beautiful work of art!

This is a great opportunity for you to add to your art collection in your home/office and our artists truly love and appreciate your support!

If you wish to be an art patron at The Artist Project, please fill out and return the following form. For more information, please contact Louise Villanueva at 416-960-4516 or [louise@mmpicanada.com](mailto:louise@mmpicanada.com).

## Art Purchase Award: Registration Form

FIRST NAME: _____ SURNAME: _____
E-MAIL: _____
COMPANY NAME: _____
NAME OF SUPPORTER (to be displayed in marketing material and on artist's booth) :
<input type="checkbox"/> YOURSELF <input type="checkbox"/> COMPANY <input type="checkbox"/> this is a GIFT * Name of gift recipient: _____
MAILING ADDRESS: _____
CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____
TELEPHONE: _____ FACSIMILE: _____
PURCHASE AMOUNT: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other \$ _____
*PLEASE INDICATE IF YOU WOULD LIKE THE <b>INVOICE</b> TO BE MADE OUT TO: (please check one)
<input type="checkbox"/> YOURSELF <input type="checkbox"/> COMPANY

<b>*PLEASE INDICATE NAME AND ADDRESS, INVOICE/PACKAGE SHOULD BE SENT TO IF DIFFERS FROM ABOVE:</b>
FIRST NAME: _____ SURNAME: _____
MAILING ADDRESS: _____
CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

**Please submit form via fax, mail or email:**

**FAX:** 416-512-3832 (this is a direct fax line, all documents will be confidential)  
**MAIL:** 10 Alcorn Ave., Suite 100, Toronto ON M4V 3A9  
**EMAIL:** [louise@mmpicanada.com](mailto:louise@mmpicanada.com)

***You will be mailed an information package & invoice in the coming weeks. Thank you for your support!***