





Please read conditions of entry before completing this form. Complete and send/email this form by1 **8th August 2019** to: Ros McCarthy, Canterbury Health Laboratories, PO B0x 151, Christchurch 8140. **Email:** Ros.mccarthy@cdhb.health.nz. Up to **three** works may be entered per person, each on a separate entry form.

Section A

Name:		Phone: Day ()		
Address:		Phone: A/H ()		
		Mobile		
Email:				
Title of Work:				
Overall dimensions:				
	Price: (delete	e one) * NZ\$	or NFS	
cm				
Medium of Work:				
Design Source (if applicable):				

Detach this form here

30

TO BE ATTACHED TO EACH EXHIBIT

Name:	Phone: Day ()
Address:	Phone: A/H ()
	Mobile
Email:	
Title of Work:	