



ASSOCIATION of  
MEDICAL ILLUSTRATORS

## Artwork Identification Label

CATEGORY

**Type of entry (please check one):**

- Professional or Company/Institution
- Student

**Title of entry:**

**Entrant's name (AMI member):**

Check if this is a Corporate entry

**Company / Institution:**

**Mailing address :**

**Daytime telephone number:**

**Email address:**

**Value (US\$):**

**Display size (including mat):**

**Auction (please circle one):** Yes No