The 27th UBE Biennale International Sculpture Competition Application Form							Submission Deadline Application must be sent before Sep. 2 Model must arrive on or before Sep. 26
- Fill in the bla - Please write	inks. in English or Japanese.	E	Application D	Date	/	/ 2016	Installation of model * Please tick the appropriate box.
First Name	*Name of Group leader	Last Name Family Name					□Deliver in Person □Deliver by courier company Special arrangement for return of model
The name of the group	*If you submit as a group, please write here						All models from overseas will be discarded after the model exhibition. Special arrangements for return of your model must be written here. Do you want your model to be returned? * Shipping fee must be pre-paid.
Address	Country		Zip code				Attach image of the model To display your model correctly, please indicate which direction is the front and the top.
E-mail Website	*Please write in block letters. http://	@					
Tel		Sex Age Date of Birth	□Ma		□Fe	male	
Occupation		Place of Birth		/	/		
Title of Wo	prk						
Size of mod	el H W D	cm Weigh	nt of model			kg	
Material of mo	*Total dimensions must not exceed 900cm	cm actu	ight of ual work	*No more	than 10,000kg	kg	
Material of actual worl							

CV Please write your resume within 10 items. Winners' CV may be used for publicity purpose.		Form 2 受 *Office use only
•		Questionnaire I How did you hear about this competition? E-mail from the Secretariat UBE Biennale' s Website Others Have you ever applied for this competition before?
	Sales of your model If someone wants to purchase your model, will you allow the secretariat to tell him/her your E-mail address? $\Box Yes \Box No$	How did you get interested in this competition?
Branch The name of account holder	Agreement I/We agree to the Guideline and apply to the 27th UBE Biennale. Signature	If you have any comments on us, please write here.
Payment date / / 2016	Name Date / / 2016	

Work Slip 2

Work Slip *Detach and pu	D 2 t this slip into the package of your model			p 1 and attach to the top of the pack f your model to the top of the pac
Name			Intrenatio	UBE Biennale onal Sculpture Competitio
Title of work				MODEL
Statement	-Please write about your work' s concept within 200 words. -If the judges ask for your statement, we will provide them with this information. -Winners' statement may be used for publicity purpose.		Name	
			Title of work	
			Delivery	Address *Please send your r
			Tokiwa	Lake Hall
		Cut		Fokiwa Park, 254 Okiube, Ooaz 7550001, Japan
		Cut off line	Tel : +81-8	36-37-2888 Fax:+81-836-37-
		ne		X- Cut off line
			Сору	*Please keep this slip with you.
			Name	
			Title of work	
			Contact	Information *Please send form to the
			UBE To	kiwa Museum
			Address : 3	-4-29 Nonaka, Ube city, Yamaguch
			E-mail:ube	6-37-2888 Fax : +81-836-37-288 ebiennale@city.ube.yamaguchi.jp
			Website : h	ttp://ubebiennale.com

*Office use only

Work Slip 1

*Detach this slip and attach to the top of the package box. to of your model to the top of the package box.

	UBE Biennale onal Sculpture Competition AODEL
Name	
Title of work	
7	Tokiwa Park, 254 Okiube, Ooaza , Ube city, Yamaguchi, 7550001, Japan 86-37-2888 Fax : +81-836-37-2889 Cut off line
Name	
Title of work	
Contact l	*Please send your completed application form to the address below.
Address : 3-	kiwa Museum 4-29 Nonaka, Ube city, Yamaguchi, 7550025, Japan 6-37-2888 Fax : +81-836-37-2889