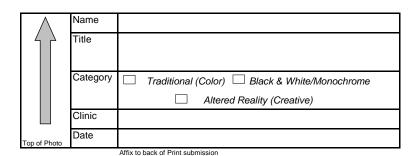
	Name	
	Title	
	Category	☐ Traditional (Color) ☐ Black & White/Monochrome
		☐ Altered Reality (Creative)
	Clinic	
Top of Photo	Date	

\land	Name	
142	Title	
	Category	☐ Traditional (Color) ☐ Black & White/Monochrome
		☐ Altered Reality (Creative)
	Clinic	
Top of Photo	Date	



^{*} If submitted to Alterated Reality, include description of process.

	Name	
	Title	
	Category	☐ Traditional (Color) ☐ Black & White/Monochrome
		Altered Reality (Creative)
	Clinic	
Top of Photo	Date	

Affix to back of Print submission

\bigcap	Name	
	Title	
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	Clinic	
Top of Photo	Date	

Affix to back of Print submission

	Name	
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