

## Sampler Registry Owner Information Form

Title of Sampler(s):				
Name of Museu	m, Institution or			
Contact:				
Curator		EAC Member		
Address:				
			Postal Code:	
Country:		Guild Name (if applicable):		
Telephone:	ephone: Fax:			
Email:				
Additional Info	rmation			
Association of C in the EAC Sam keep on record t give permission	anada, Inc. (EA pler Registry red the location of su to EAC to use th	C) to record my person cords. I understand the uch samplers I may owr he sampler(s) and my ir	ve permission to the Embroiderers' al information, as shown above, for use information is requested in order to and wish EAC to document. I further nitials only for publication in <i>Embroidery</i> s all samplers submitted with this form.	
Signature:		Date:		
EAC Use Only: Ov	vner ID:	Date Re	gistered:	