

ARTIST SURVEY

AMERICAN INDIAN ART SERIES

If you have additional names, further information or corrections to offer, please contact:

Gregory Schaaf, Ph.D., Director, Center for Indigenous Arts & Cultures

A division of Southwest Learning Centers, Inc., a non-profit educational organization est. 1972

CIAC: P.O. Box 8627, Santa Fe, NM 87504-8627 (505) 473-5375, FAX (505) 424-1025

Websites: www.indianartbooks.com • www.GoNativeArt.org • email: Indians@nets.com

OPTIONAL: Please submit photographs of artists and artwork.

Artist's Name(s) _____ Tribe/Nation _____

Language _____ Residence _____ Clan _____

Active Years _____

Art Forms _____

Lifespan/Birth Date & Place _____

Address/Phone/Email _____

Great-grandparents/Grandparents _____

Father _____ Mother _____ Spouse _____

Sisters/Brothers _____

Children _____

Education _____

Teacher(s) of artform _____

Student(s) you have taught artform _____

Career _____

Awards _____

Demonstrations _____

Exhibitions _____

Active Years _____

Collections _____

Techniques _____

Materials _____

Favorite Designs _____

Values/Prices _____

Galleries/Trading Posts _____

Publications _____

Website/email Address _____

I enjoy creating artwork, because _____

Yes, I give permission for the information, videotape & photos to be published in the "*American Indian Art Series*."

Signed _____ Date _____

(Please write additional thoughts and feelings on another page.)

(REV.10/11)