

Community Exchange Exhibit Application Form



Artist Information

Name: _____ Date: _____

Address: _____

Phone: _____ e-mail: _____

Artwork information

I am submitting (please check)

CD

slides

photos

Artwork # 1

Title: _____

Medium: _____ dimensions: _____

Price: _____

Artwork # 2

Title: _____

Medium: _____ dimensions: _____

Price: _____

Artwork # 3

Title: _____

Medium: _____ dimensions: _____

Price: _____

Artwork # 4

Title: _____

Medium: _____ dimensions: _____

Price: _____

Artwork # 5

Title: _____

Medium: _____ dimensions: _____

Price: _____

Please circle your top three preferences of month for your exhibit: (PREFERENCE NOT GUARANTEED)

Jan 12	Feb 12	Mar 12	Apr 12
May 12	Jun 12	July 12	Aug 12
Sept 12	Oct 12	Nov 12	Dec 12

On average, how many pieces do you have available? (please circle) 10-15 16-20 20-30 30+

What is the average size of your work? S (8x10) M (16x20) L (24x36+)

Please number your top venue preferences 1-3 (preference not guaranteed)

HagerSmith Design PA _____ Duke Raleigh Hospital _____ United Arts Council (MJH Gallery) _____

Application check list

CD/slides/photos

Artist statement & resume

SASE

I have read and agree to abide by all VAE policies as posted. Failure to abide by VAE policies may result in immediate termination of your exhibition and ineligibility for other VAE programs (such as the Exchange Gallery) for one year. **ALL ARTWORK NOT RETRIEVED BY THE STATED DEADLINE WILL BE CHARGED A \$5 PER DAY PER PIECE STORAGE FEE THAT MUST BE PAID IN FULL BEFORE THE ARTWORK IS RETURNED.**

Signed _____ **Date:** _____