

PLEASE PRINT OUT AND SUBMIT THIS FORM WITH YOUR PROPOSAL.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

PREFERRED MONTHS: \_\_\_\_\_

AVOID MONTHS: \_\_\_\_\_

GALLERY PREFERENCE\*: \_\_\_\_\_

Have you ever exhibited at Artspace before? \_\_\_\_\_ If so, when? \_\_\_\_\_

\* **artspace** is a 501(c)(3) organization. To help meet overhead expenses, it must charge a fee for each gallery. The fee is proportionate to the size of the gallery. For the floor plan, please check our website ([artspacegallery.org](http://artspacegallery.org)) or request a copy. The fees are: Main Gallery (\$300 non-member fee/\$250 member fee); Helena Davis Gallery (\$125/\$100); Frable Gallery (\$125/100).

**PROPOSAL CHECKLIST (All must be enclosed.)**

\_\_\_\_\_ 10 slides or comparable images (labeled with name, title, medium, size and location of top, if slides)

\_\_\_\_\_ Resume

\_\_\_\_\_ Artist's statement on the nature/intent of works/exhibit

\_\_\_\_\_ Physical description of proposed exhibit

\_\_\_\_\_ Application Fee (\$25). This applies to all proposers, including members.

\_\_\_\_\_ SASE (Artspace will return all materials sent, if SASE is provided, to those who are not selected. If selected to exhibit, several images and all materials will be retained.)

\_\_\_\_\_ Other enclosures (optional; please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_