

Exchange Gallery Application Form



Artist Information

Name: _____ Date: _____

Address: _____

Phone: _____ e-mail: _____

Paid Entry Fee: **Y / N** Amount Paid: \$ _____ Form of Payment: _____

Artwork information

I am submitting JPEGs by (please check) CD or email

Artwork # 1

Title: _____

Medium: _____ dimensions: _____

Price: _____ Retail value: _____

Artwork # 2

Title: _____

Medium: _____ dimensions: _____

Price: _____ Retail value: _____

Artwork # 3

Title: _____

Medium: _____ dimensions: _____

Price: _____ Retail value: _____

Artwork # 4

Title: _____

Medium: _____ dimensions: _____

Price: _____ Retail value: _____

Artwork # 5

Title: _____

Medium: _____ dimensions: _____

Price: _____ Retail value: _____

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

July 10	Aug 10	Sept 10	Oct 10
Nov 10	Dec 10	Jan 11	Feb 11
Mar 11	Apr 11	May 11	Jun 11

Application check list

JPEGs (by CD or email) Artist statement & resume Entry fee

* File size cannot exceed 2MB and DPI cannot be lower than 72. Email JPEGs to entries@visualartexchange.org.

I have read and agree to abide by all VAE policies as posted. I UNDERSTAND THAT I AM RESPONSIBLE FOR PICKING UP MY ARTWORK BY THE STATED DEADLINES. 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: _____

Office Use Only:

#1 Accepted / Declined

Picked Up: Y / N

Date:

Initial: