

ASU GAMMAGE
REQUEST FOR ART EXHIBITION
Fall 2012 through Spring 2013

Artist or Art Group: _____

Group Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day (____) _____ Alternate (____) _____

FAX (____) _____

E-mail address: _____ Website: _____

Art Medium: _____

Number of pieces proposed for exhibit: _____

Amount of display space your artwork requires: _____

Dimension of your work: _____

Is there a time when the art will **not** be available for exhibit: _____

Does your artwork require any special display conditions? Yes No

If Yes, explain: _____

Have you exhibited at Gammage before? Yes No If yes, when _____

For consideration, please submit with this completed request form, no more than ten (10) slides or jpeg format digital images representative of the artwork proposed for exhibit and any additional information about the artwork, artist or art group to:

ASU Gammage
Visual Art Exhibits
P.O. Box 870105
Tempe, AZ 85287-0105
Information (480) 965-6912
www.asugammage.com

DEADLINE FOR ALL ENTRIES: Friday, April 6, 2012