

PAINT THE TOWN WITH ART & SOUND ART DUBLIN
EXHIBITOR REGISTRATION FORM 2018

REQUIREMENTS: Two ways to Enter, LARGER GALLERY SPACE & GIFT SHOP AREA

LARGER GALLERY SPACE: (2D Hanging and 3D Pedestal & Small Tables)

Original Art Done within the last 5years limit to 5 pieces per Artist for LARGE GALLERY. (Canvases or framed pieces must be wired no saw tooth hangers. Sides of Canvases must be painted or quality show worthy to hang) -Maximum ART size 30x40 YOU do not bring TABLES. This space is gallery style hanging piece. Works may be tagged and shown as "Not for SALE" (NFS)

LOCATION: CARNEGIE MUSEUM
311 Academy Avenue, Dublin, GA 31021
Form Entry Deadline: Thursday, November 1st, 2018
Contact Suzanne Dukes
EMAIL: SUZANNEDUKES3@GMAIL.COM
MAIL: ALEXANDERS - PO BOX 309 DUBLIN, GA 31040
ATTN: ART DUBLIN
CALL: 478-290-0755

DROP OFF WORK CARNEGIE: WEDNESDAY, NOVEMBER 7TH 1PM - 5PM
SHOW TIMES: FRIDAY, NOVEMBER 9TH 6PM-9PM
SATURDAY, NOVEMBER 10TH 10AM - 5PM

BREAKDOWN TIME: AFTER SHOW AND SUNDAY DESIGNATED TIME
ART NOT PICKED UP WILL BE DONATED TO SALVATION ARMY FOR SALE

Exhibiting Artist **MUST BE PRESENT during the FRIDAY** Evening SHOW and sign up to volunteer for at least 2 hours Saturday and or Sunday or they will not be allowed to show unless they make arrangements with other exhibitors.

GIFT SHOP SPACE: will be designated for smaller art pieces - Limited to 10 additional pieces of new work per Artist Prints and small table top easels accepted. Name and price labels for your art will be provided for you to fill out at drop off. Each piece of art MUST HAVE A TAG. **ALL GIFT SHOP ART will be for SALE.**

*ART DUBLIN will have final approval rights. Submitted art is to be in keeping with community standards. Please no frontal nudes or explicit violent subject matter. Each person is responsible for their own Sales TAX.

FEE TO EXHIBIT: **\$15 ART DUBLIN MEMBERS** **\$30 NON-MEMBERS**

NAME (PLEASE PRINT CLEARLY) _____

NAME FOR SIGNAGE AND PROGRAM _____

ART DUBLIN MEMBER ___ YES ___ NO
IF NO WOULD YOU LIKE TO BE A MEMBER ___ YES ___ NO

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (____) _____ CELL: (____) _____

FAX: (____) _____

E-MAIL: _____

MEDIA OR DESCRIPTION OF ART 2D(OIL, WC, ACRYLIC, MIXED MEDIA OR 3D)

SIGNED: _____ DATE: _____

BUSINESS CARD/ BIO/ WEBSITE

(ATTACHED)