

Clackamas County Arts Alliance
ARTIST EXHIBIT PROGRAM



EXHIBIT INFORMATION DOCUMENT (page 1 of 2)

Please email back completed form 1-2 weeks prior to your exhibit, or earlier.

ARTIST INFORMATION

Artist Name:

Home/Cell Phone:

Email:

Website:

City Live:

EXHIBIT DETAILS

Exhibit Venue:

Venue Location City:

Please plan to deliver/pickup your artwork at the gallery as noted below:

Exhibit Start Date/Time Deliver:

Exhibit End Date/ Time Pickup:

Required # of Artworks:

Duration of Exhibit:

ARTIST STATEMENT/BIO (Will be displayed in exhibit with contact info)

Note: you may edit this application statement here. <100 words only.

QUESTIONS? Contact AEP Exhibit Coordinator Sue Allen: sueallen118@icloud.com

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EXHIBIT INFORMATION DOCUMENT (page 2 of 2)

LABEL INFORMATION- *Type in information on each artwork. Please be brief.*
Each label we produce will include your name, artwork title, medium, sale price, or NFS (not for sale). Include dimensions of artwork for our use.

Your Name:

Venue:

Required # of Artworks:

Deliver:

#	Artwork Title	Medium	Price	Dimensions	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
20					