



HONORING TRADITION. DRIVING INNOVATION.

EXHIBIT PROPOSAL FORM: The ARTERY

Please read the guidelines carefully and complete the Proposal Form.

Title of Exhibit (optional): _____

Contact First & Last Name: _____

Group name (optional): _____

Website: _____

Email: _____

Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Preferred month for an exhibit (check all that apply):

January February March April May June

Technical Requirements: _____

Please send artist statement and/or exhibition proposal, artist biography, one-page C.V., 10-15 work samples, work sample list to info@ashevillearts.com or on CD. See guidelines for formatting information.

I have read and agree to comply with the AAAC guidelines.

Print Name: _____

Signature: _____ Date: _____

The Artery . A Flex-Space provided by the Asheville Area Arts Council

346 Depot Street . Asheville, NC 28801

www.ashevillearts.com . info@ashevillearts.com