

Application for Exhibition Space 2010

PLEASE PRINT OR TYPE
 FAX BACK TO +44 (0) 191 245 3802

Date: 30/09/2010 – 3/10/2010
 Location: The Sage Gateshead

EXHIBITOR DETAILS	
NAME OF GALLERY CONTACT:	
GALLERY NAME (IN FULL):	
ADDRESS:	
TELEPHONE:	FAX:
EMAIL:	WEBSITE:

I WISH TO EXHIBIT AT NEWCASTLEGATESHEAD ART FAIR 2009 AND APPLY FOR SPACE AS FOLLOWS:			
NO OF LINEAR METRES:			
LOCATION PREFERENCES:	First:	Second:	Third:
Please indicate the categories representative of the artworks you wish to exhibit: Paintings <input type="checkbox"/> Drawing <input type="checkbox"/> Photography <input type="checkbox"/> Sculpture <input type="checkbox"/> Prints <input type="checkbox"/> Other: _____			
Gallery Information We require each applicant to supply: a maximum of 3 images (electronic or hard copy) of the work you wish to exhibit and a brief description of the artists and your company for review by the Selection Committee. Additional support material may also be included.			

PAYMENT: £500 DEPOSIT	50% DUE ON ALLOTMENT	REMAINDER DUE ON 13 th August 2010
WE AGREE TO PAY A DEPOSIT OF £500 PER STAND AND WE WILL SEND PAYMENT ON ALLOTMENT FOR 50% OF THE STAND COSTS. THE REMAINING AMOUNT WILL BE PAID BY THE DUE DATE OF 13 th August 2010 Please make cheques payable to 'Art Fairs Ltd', in GBP £. Foreign cheques will not be accepted. Please note we cannot accept American Express or Diners. Credit card transactions will be charged a handling fee of 5%. All stands are subject to VAT at the current applicable rate.		
PLEASE FIND CHEQUE ENCLOSED <input type="checkbox"/>		
PLEASE CHARGE MY CREDIT CARD <input type="checkbox"/>		
CARDHOLDER NAME:	CARD TYPE:	CARD NO:
CARDHOLDER SIGNATURE:		EXPIRY DATE:

Signature: _____ Date: _____

- Where possible special requests concerning location and space requirements will be considered, but cannot be guaranteed as condition of participation.
- Information and order forms for additional furnishings will be distributed on acceptance in the Exhibitor Pack.
- This application becomes a contract only upon acceptance by the Selection Committee.
- This signed and dated application confirms, that the undersigned has received one copy of the Conditions of Participation and understands and agrees to be bound by the regulations outlined therein.

TO BE COMPLETED BY THE ORGANISERS		
ACCEPTED BY	EXHIBITOR TYPE	DATE
ALLOTMENT NUMBER	INVOICE NUMBER	DATE RECEIVED