



ARTS SOCIETY
OF KINGSTON
REGIONAL CENTER FOR THE ARTS

97 Broadway
Kingston, NY 12401
(845) 338-0333
ask@askforarts.org

Exhibition Proposal Form

GROUP/ARTIST'S NAME

GROUP CONTACT PERSON

DATE SUBMITTED

ARE YOU AN ASK MEMBER?

ADDRESS

PHONE NUMBER

EMAIL

WEBSITE

TITLE/THEME

TELL US ABOUT YOUR PROPOSED EXHIBIT AND THE AUDIENCE YOU WOULD LIKE TO REACH

LIST EACH WORK YOU ARE ANTICIPATING TO SHOW OR WHICH IS TYPICAL OF THE ARTISTS (AND/OR INCLUDE ATTACHMENTS) PRIOR TO SIGNING ONE CONTRACT, ASK WILL NEED A LIST OF ALL PARTICIPATING ARTISTS AND EXAMPLES OF THEIR WORK.

TITLE

MEDIUM

SIZE

VALUE

PLEASE MAIL YOUR PROPOSAL TO ASK ALONG WITH A CD OF JPG FILES OR PRINTED VERSIONS OF YOUR WORK AND A SHORT BIO.

CHECK HERE TO ACKNOWLEDGE THAT YOU UNDERSTAND THAT THERE IS A FEE TO COVER COSTS OF THE EXHIBITON.