



FORM B

Application to exhibit at Port Pirie Regional Art Gallery

Applicant's details

Contact person.....

Organisation (if applicable).....

ABN.....

Address.....

Phone Fax.....

Mobile..... Email.....

Group/Proposed Artist/s
.....
.....

Exhibition details

Title of exhibition.....

Dates requested -

Opening.....Closing.....

Please provide a brief description of the exhibition theme and description of proposed work
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Please provide six (6) images of proposed artist's work to accompany this form clearly labelled with the following details:

- Artist name
- Title
- Date
- Medium
- Dimensions

The images can be provided digitally. Please provide current CV.

Space required: *please refer to FORM A (Information sheet) for details of space available*

Flinder's Gallery

Vivienne Crisp Gallery

Movable walls

Please return the completed form and support material to:

Gallery Director

Port Pirie Regional Art Gallery

PO Box 481 (3 Mary Elie Street)

Port Pirie SA 5540

Phone **08 8633 0681**

Fax **08 8633 0672**

info@pprag.org