

## DESIGN LA ART EXHIBITOR APPLICATION

JANUARY 10-14, 2018 | LA CONVENTION CENTER | SOUTH HALL

Galler	y Name:			
Galler	y Director/C	)wner's Name:		
Altern	ate Contac	t:		
Mailin	g Address:			
City:		State:	Zip Code:	
Telephone:		Mobile Phone #:	Fax:	
Email:		Billing Email:		
Web c	address:			
PLE/	ASE CHECK I	DESIRED BOOTH SIZE		
	12' DIA	(1) 10'h x 4'w column		\$5,650
	16' DIA	(2) 10'h x 4'w columns		\$10,700
	20' DIA	(4) 4' walls with (2) 4' end caps		\$15,750
	25' DIA	(4) 4' walls crossed by (4) 4' walls		\$25,375
	30' DIA	(3) 10'h x 4'w columns		\$35,000

Included in the booth cost: White walls, track lighting, and one page in show catalog



### **SHOW DETAILS:**

#### JANUARY 10, 2018: OPENING NIGHT / SPECIAL ACCESS

OPENING NIGHT PREMIERE PARTY TICKETS:

**Red Card Special Collector Preview:** Invitation Only

Friend Level Ticket: \$125 Vanguard Level Ticket: \$200

Patron Level Ticket: \$250 Exclusive Patron Reception Area

#### **GENERAL SHOW HOURS / TICKETING**

General Admission, One Day Ticket: \$30ThursdayJanuary 11, 201811AM-7PMFridayJanuary 12, 201811AM-7PMSaturdayJanuary 13, 201811AM-7PMSundayJanuary 14, 201811AM-5PM

DESIGN SPACE		
Please describe below planned layout and design for your exhibit.		
Please submit no more than 10 JPEG images of the artists you proposed describing the image details and artists' biographical information via		
Please list prior shows that you have participated in.		
Who referred you to our show?	Phone	

Please Note: This application is the first step in the contracting process: Approved exhibitors will be contracted under separate cover. No contract will be sent until exhibitor is approved by the selection committee of the LA Art Show.



# **APPLICATION FEE**

There is a non-refundable \$100 (US) application fee for all applying exhibitors. Please provide the following information:						
Billing Name:						
Billing Address:						
City:	State:	Zip Code:				
Credit Card Number			CRV:			
Credit Card Type:	Credit Card Expiration Date:					