# LA ART SHOW
## MODERN + CONTEMPORARY

# WORKS ON PAPER EXHIBITOR APPLICATION
## JANUARY 10-14, 2018  |  LA CONVENTION CENTER  |  SOUTH HALL

Gallery Name:

Gallery Director/Owner's Name:

Alternate Contact:

Mailing Address:

City:                                State:                Zip Code:

Telephone:              Mobile Phone #:                        Fax:

Email:                                Billing Email:

Web address:

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PLEASE CHECK DESIRED BOOTH SIZE & EXTRAS

| | | |
|---|---|---|
| ☐ | 8' x 12' (2.4m x 3.7m includes 1 x 8' track) | **$4,889** |
| ☐ | 8' x 16' (2.4m x 4.9m includes 2 x 8' track) | **$6,520** |
| ☐ | extra outside wall (subject to availability /additional charge for lighting) | **$288** |
| ☐ | extra 8' light track (indicate # of additional tracks) | **$414** |
| ☐ | catalog one page | **$525** |
| ☐ | two page spread | **$945** |

Works on Paper Booths have 10' tall white papered walls. More colors available for an additional charge. Labor and custom paint can be provided at an additional charge.

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**SHOW DETAILS:**

**WE PROPOSE TO EXHIBIT (CHECK ALL THAT APPLY):**

☐ Modern          ☐ Contemporary

☐ Prints     ☐ Drawing     ☐ Posters     ☐ Photography

Please submit a list of the artists you plan to exhibit at the fair.

_____

_____

_____

Please submit no more than 10 JPEG images of the artists you propose to exhibit, along with a document describing the image details and artists' biographical information via email (info@laartshow.com), web link or send us a disk.

Please list your galleries fair participation history over the last three years.

_____

_____

_____

_____

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 $50 (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: