

DESIGN LA ART EXHIBITOR APPLICATION

JANUARY 23- 27 2019 | LA CONVENTION CENTER | WEST HALL

Gallery Name:							
Galler	ry Director/C	Owner's Name:					
Altern	ate Contac	t:					
Mailin	g Address:						
City:		State:	Zip Code:				
Telephone:		Mobile Phone #:	Fax:				
Email:		Billing Email:					
Web address:							
PLE.	ASE CHECK	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

Pricing on this application will be honored until April 30th, after that time there will be a 5% increase



SHOW DETAILS:

JANUARY 23, 2019: 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 24, 201911AM-7PMFridayJanuary 25, 201911AM-7PMSaturdayJanuary 26, 201911AM-7PMSundayJanuary 27, 201911AM-5PM

DESIGN SPACE				
Please describe below planned layout and design for your exhibit.				
lease submit no more than 10 JPEG images of the artists you propose to exhibit, along with a document escribing the image details and artists' biographical information via email (info@laartshow.com).				
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:						