



MODERN +
CONTEMPORARY

DESIGN LA ART EXHIBITOR APPLICATION

February 5-9, 2020 | LA CONVENTION CENTER | SOUTH HALL G&H

Gallery Name:

Gallery Director/Owner's Name:

Alternate Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Mobile Phone #:

Fax:

Email:

Billing Email:

Web address:

PLEASE CHECK DESIRED BOOTH SIZE

<input type="checkbox"/>	12' DIA	(1) 10'h x 4'w column	\$5,933
<input type="checkbox"/>	16' DIA	(2) 10'h x 4'w columns	\$11,235
<input type="checkbox"/>	20' DIA	(4) 4' walls with (2) 4' end caps	\$16,538
<input type="checkbox"/>	25' DIA	(4) 4' walls crossed by (4) 4' walls	\$26,644
<input type="checkbox"/>	30' DIA	(3) 10'h x 4'w columns	\$36,750

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

****Booth sharing is not permitted**



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SHOW DETAILS:

FEBRUARY 5, 2020: OPENING NIGHT / SPECIAL ACCESS

OPENING NIGHT PREMIERE TICKETS:

VIP Red Card Special Collectors' Preview | Invitation Only | 6-11PM
Patron Ticket: \$300 | 6-11PM | Exclusive Patron Reception Area
Opening Night Ticket: \$200 | 8-11PM

GENERAL SHOW HOURS / TICKETING

General Admission, One Day Ticket: \$40

Thursday	February 6, 2020	11AM-7PM
Friday	February 7, 2020	11AM-7PM
Saturday	February 8, 2020	11AM-7PM
Sunday	February 9, 2020	11AM-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 propose to exhibit, along with a document describing 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.



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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:
