Artist Application

DATE APPLICATION RECEIVED:

_____

JURY RESULTS:

❑ accepted ❑ not accepted

❑ further info needed

❑ _____

MAIL USING U.S. POSTAL SERVICE TO:

Gallery 4463 L.L.C.
P.O. Box 1106
Acworth, GA 30101

CONTACT:
Clemens Bak,
Executive Director
Phone: 404-808-9971
www.gallery4463.com

Gallery 4463 is a new high quality gallery featuring paintings, prints, photography, sculpture, and fine crafts such as jewelry and non-production clay, metal, glass, and wood vessels.

The purpose of Gallery 4463 is to provide a venue for member artists to exhibit and sell their work. The success of the gallery is due to the commitment of many artists. Gallery members work as a team, dividing both labor and expenses.

All accepted artists' works are on consignment. A percentage of sales is paid to the gallery to help pay the costs of running the Gallery. All accepted artists sign either a membership contract or a consignment agreement. Details can be read on our web site at www.gallery4463.com/info/join.shtm.

APPLICATION INSTRUCTIONS:
PLEASE PRINT LEGIBLY or if you are viewing this document with Adobe Acrobat Reader 6.0 or higher, you may fill-in the blanks with your computer. Print the form, sign it, and mail it with your color prints or CD-ROM of JPEG images of your work to: Gallery 4463 L.L.C. • P.O. Box 1106 • Acworth, GA 30101. **Send only using the U.S. Postal Service to the P.O. Box above.**

SUBMISSION GUIDELINES:
Submit between five and twelve images of artworks that are **available for sale**. The following formats are acceptable for submission:
• Color prints at least 4 inches X 6 inches in size on photo-grade paper
• A CD-ROM of JPEG images, each with one dimension at least 2000 pixels (do not submit Power Point slide shows.)
Photo print and CD-ROMs will not be returned.

You may include in your packet other materials (such as a resumé, copies of published exhibition reviews, or articles) that may help us to determine the level of professionalism you have achieved in your career.
Once your CD-ROM or color prints are reviewed, you may be asked to submit originals by appointment for a final review before being accepted into the gallery.

ARTIST NAME	**CONTACT NAME (IF DIFFERENT FROM ARTIST)**

DAYTIME TELEPHONE	**EVENING TELEPHONE**	**ALTERNATE TELEPHONE**	**FAX**

EMAIL ADDRESS	**WEB SITE:**

ADDRESS	**CITY**	**STATE**	**ZIP**

DESCRIBE YOUR ART BELOW (MEDIA, CONCEPT, TECHNIQUE, STYLE)

LIST YOUR SUBMISSIONS BELOW AND INCLUDE TITLES, SIZE, MEDIUM, AND PRICES (attach another paper if needed)

SIGN BELOW
I hereby certify that the inventory listed is the original artwork of the artist whose name appears on the application.

SIGNATURE OF APPLICANT	**DATE**