



866 Main Street, Willimantic, CT 06226
WindhamARTS.org 860.450.1794

EXHIBIT REGISTRATION

EXHIBIT NAME _____

DATES _____

CONTACT INFORMATION:

Artist's Name _____ Date _____

Address _____ City _____ State/Zip _____

Phone _____ Email _____

ARTWORK INFORMATION: The number of items for exhibition will be limited due to space concerns. Artists will retain 80% of the sale of their work; WindhamARTS will benefit from the remaining 20%.

Title(s): _____ Media/Year: _____ Price: _____

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Special instructions regarding the artwork:

WAIVER: All artwork will be photographed and stored with my permission at WindhamARTS unless otherwise noted. All publicity (including photographs) will be the property of WindhamARTS. I understand that all reasonable care will taken with artwork in the custody of and under the auspices of WindhamARTS. However, I understand that WindhamARTS cannot assume responsibility for damage or loss incurred before, during, or after the exhibition. I also understand the artwork will remain for the duration of the exhibit. I will make arrangements to retrieve any artwork not sold by the end of the exhibit close _____.

Signature _____ Date _____



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