



ARTIST/EXHIBITION CONTRACT

All wall space rentals must be paid for in advance and before hanging date of show.

All work must be picked up on date of conclusion of show/expiration of gallery wall space rental or earlier (in case of another show following)

Gallery charges a 30% commission fee for any artwork sold.

A **\$10.00 storage fee** will be charged **per day** after the **2 day grace period**.

All promotion of event/exhibition is under the responsibility of the artist/lessee

Gallery will provide the facilities for exhibitions for a public audience to view only during open hours (unless alternative negotiations are made with gallery management).

Gallery will provide facilities for opening receptions and/or closing receptions with the agreement between artist/lessee and gallery on reception hours/duration/date.

All hanging/installation of work will be done by artist/lessee (additional assistance from gallery can be arranged if artist/lessee communicates with gallery management with due notice-**3 days in advance**)

Any work left within the gallery **after one month** of following the conclusion of gallery wall rental/exhibition expiration date becomes property of the gallery and is open to be **shown/sold and/or dealt with at the gallery's discretion.**



Paris in Plantsville Art Gallery and Studio-15 West Main Street, Plantsville, CT
Phone: 860-426-1149 Email: parisinplantsville@gmail.com
Website: <http://ParisInPlantsville.com>

ARTIST EXHIBITION/GALLERY WALL RENTAL CONTRACT/ FORM:

Gallery charges a **30% commission fee** for the sale of artwork. At conclusion of show or expiration of wall rental work must be picked up. Otherwise artist will incur storage fees of **\$10/day after a 2 day grace period**. Any work still left over will become property of the gallery and be at the discretion of gallery management in regards to handling of work(s) thereafter. By signing this document you hereby agree that you've read the contract and understand the terms stated.

NAME: _____

ADDRESS: _____

PHONE (HOME/MOBILE): _____

EMAIL: _____

SELECT YOUR EXHIBITION RATE BELOW:

- \$200/month Front Room Gallery Space
- \$125/month 8 FT. Back Room Gallery Space
- \$75/ 2 weeks 8 FT. Back Room Gallery Space

TOTAL: _____

SELECT PAYMENT TYPE:

- CASH
- CHECK (MAKE PAYABLE TO "PARIS IN PLANTSVILLE")

ARTIST PRINTED NAME/SIGNATURE: _____ DATE: _____

GALLERY REPRESENTATIVE AUTHORIZATION: _____ DATE: _____

RECEIPT OF PAID SUBMISSION IN THE TOTAL OF: \$ _____

ARTIST PRINTED NAME/SIGNATURE: _____ DATE: _____

GALLERY REPRESENTATIVE AUTHORIZATION: _____ DATE: _____