

Konnor Studio & Gallery

Name _____

Date _____

Mailing

Address _____

City _____ State _____ Zip

Code _____

Home Phone _____

Cell Phone _____

E-mail Address _____

What is the standard price range of the work you would like to show? _____

Enclosed (please check): Artist bio photo images*

Is there anything else to know about your work?

I understand that if I am accepted, I will be asked to sign a Gallery Exhibition Agreement.

Signature: _____

Date: _____