

APPLICATION FOR CAPITOL COMPLEX EXHIBITION PROGRAM

1) Name of Artist or Organization: _____

2) Address: _____
(Street)

_____ **FLORIDA** _____
(City) (State) (Zip)

3) Contact Person: _____

4) Telephone: _____ 5) Email: _____
(Work/Studio) (Fax)

6) Web Site: _____

7) Title of exhibit: _____

8) Media to be included: _____

9) Estimated size of exhibit in running feet: _____

10) Estimated number of works: _____

11) Brief statement of the cultural significance of the exhibit for the people of Florida: _____

12) Preferred dates for exhibit (2-3 month minimum): _____

13) Special considerations or needs for exhibit: _____

14) Questions or comments: _____

(Signature)

(Date)

RETURN TO:

Capitol Complex Exhibition Program
Florida Division of Cultural Affairs
500 South Bronough St, Third Floor
Tallahassee, FL 32399-0250

The following items must be submitted with application:

1. Artist's resume / biography.
2. Color slides, photographs or CD with digital images of artworks intended for the exhibit.
3. Slide / Image identification sheet listing artist, title, medium, dimensions, & date of completion for each artwork.
4. Interpretive paragraph or exhibition mission statement that could be included in the proposed exhibit or brochure.
5. Signed form indicating acknowledgement of CCE Policies and Procedures.