Artists of Palm Beach County, Inc. (APBC) P.O. Box 32066 Palm Beach Gardens, FL 33420 artistsofpbc@gmail.com

Gallery Exhibition Agreement

Artist's Name (Please Print)		
Street Address		
City, State, Zip		
Phone		
Email Address		
For the Purpose of: Exhibit Name: Exhibit Dates:		
Dropped off Date:initial)	Picked Up Date:	(please
of his/her art. Sold work will be tr will be paid within 30 days after the Gallery personnel har or cash payment to avoid issues we All Florida Sales Tax	ber Artist will receive 75% payr ansferred to the customer upon pathe end of the exhibit. Indling sales will encourage the u	ourchase. Artists se of credit card
theft, loss, breakage, or other dam reimbursement of lost or damaged	l work.	esponsible for
and the name of the work. All 2D hanging. No saw-tooth hooks. By initializing I give	my permission for APBC to use	the back for e images of my
work for promotional purposes in Signature of Artist	cluding their website, email and Date	Facebook page.