

Le Moyne College
Noreen Reale Falcone Library
Wilson Gallery
1419 Salt Springs Road
Syracuse, NY 13214
315-445-4153

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Request for Proposal for Wilson Gallery Exhibitions for 2010-2011

Submission Deadline: Wednesday, March 31, 2010

PLEASE PRINT OR TYPE

Name: (Individual or Group) _____

Contact Person: (if different from above) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

e-mail address: _____

1. Provide brief biographical information about the artist(s). Include education, awards, exhibit history, other experience etc. (or attach a resume)

2. Type of Exhibit: (original paintings, photographs, sculpture, mixed works etc.)

3. Suggested Title of Exhibit:

4. Briefly describe the proposed exhibit. Comment on artistic method, style, size of work, number of works etc. (Do not describe each individual piece)

5. Please provide an artist's statement. _____

6. Has this proposed exhibit been shown elsewhere?

Where? _____

When? _____

7. When will this exhibition be available? _____

8. Have you ever had an exhibit in Wilson Gallery? _____ If so, when? _____

Briefly describe the previous exhibit: _____

9. Have you ever been an exhibitor in one of Wilson Gallery's group shows? _____

If so, when? _____

10. Additional Information or Comments (use back of paper if necessary):

11. Submit this proposal and seven (7) to ten (10) digital images (representative of the work to be exhibited) to the address on the first page or electronically to ArtGallery@lemoyne.edu by close of business, Wednesday, March 31, 2010. If you wish the slides/photos/CD to be returned to you, include a stamped self-addressed envelope.

Thank you for your interest in exhibiting with the Wilson Gallery. A member of the Gallery committee will contact you with details regarding the committee's final decision.

Signature: _____ Date: _____