

Exhibitor Application 2008

Please Fax to 404-228-2510 by April 1

Gallery Name _____

Director _____

Preferred Contact _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Telephone _____

Fax _____ Email _____

Website _____

Types of work you plan to exhibit:

Paintings Prints Drawings Photography Sculpture Video

Installation Other _____

Please list the names of the artists you will be representing in your exhibit:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Please rank your top three space choices (or combinations of spaces) in order of preference. See www.embraceatl.com for space map.

1 _____ 2 _____ 3 _____

Completed application, along with 50% of your 1st choice booth cost and \$500 refundable damage deposit is due by April 1, 2008.

**Mail application and checks payable to Embrace
Mason Murer Fine Art
199 Armour Drive
Atlanta GA 30324.**

Confirmation of participation and booth assignment, along with invoice for remaining balance will be sent by April 15, payable May 1, 2008. If your application is not accepted for any reason you will be refunded in full.

I have read the Conditions of Participation and agree to be bound by the regulations contained therein.

Signature _____ Date _____