THE CENTER FOR THE VISUAL ARTS
427 N Fourth Street, Wausau, WI 54403 ● **Phone (715) 842-4545** ● www.cvawausau.org

CVA EXHIBITOR CONTRACT

WI Art Education Association October 23 - 26, 2018

On loan from (Artist Name)_____

Address_____

City_____St_____Zip_____Phone_____

E-Mail_____ I will Drop off my work in person: Y or N I will be shipping work back: Y or N
Dates of Loan: From _____ To_____ I will pick up my work in person: Y or N

Title/Materials Description/Technique *(please write clearly)*	**Retail Price * (If not for sale indicate NFS)**	**Insurance Value (Include for all)**

(If additional space is needed, attach sheet)

CONDITIONS:

All work must arrive ready for hanging or installation. NO single nail clips or saw tooth hangers are acceptable. Only wire may be used. All work must be clearly labeled. Work left at the Center **30 days after the exhibit ends or where no return shipping arrangements are made will become the property of the Center.** Inclusion of work in the exhibit assumes acceptance of all conditions both in **EXHIBITOR CONTRACT AND GUIDELINES FOR EXHIBITORS.**

***Price must include 40% of the retail price as a contribution to the CVA**

Art Received By:

_____ _____
Artist Signature **Date**

_____ _____
CVA Employee **Date**

_____
Print Name

PLEASE SIGN AND RETURN WITH YOUR WORK

Exhibit work picked up/shipped by:

_____
Date