



PASSAIC COUNTY
ARTS
CENTER
AT THE JOHN W. REA HOUSE

EXHIBITION PROPOSAL FORM

ARTIST INFORMATION:

Name (First & Last): _____

Street Address: _____

City/State/Zip: _____

Phone(s): _____

Email: _____

Website: _____

EXHIBITION DETAILS:

Proposed Title: _____

Please select preferred PCAC gallery space: _____

How many artworks do you want to display? _____

Specific technical needs for exhibit (if any): _____

Has this exhibition been proposed to other venues? _____

If so, please list venues: _____

If this exhibition been previously shown at other venues, please attach promotional materials.