



# BURRA REGIONAL ART GALLERY

## EXHIBITOR AGREEMENT FORM

Exhibition Title

Exhibition Space Booked (eg, Bence Room)

Start Date

Finish Date

Method of Delivery

Artist/Group Name

Contact Person

Address

Contact Number

E-mail

DECLARATION (tick applicable boxes)

- I am/we are the holder of ABN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_
- I am a/we are hobbyist(s), that is, I/we do not anticipate making a profit from my/our art.
- The artwork(s) are my/our original work and I have read the Gallery's copyright policy.
- I authorise the Gallery to make photographic images of my/our work for publicity purposes.
- I have read and understand the exhibitor's conditions, and accept them as stated.
- I have attached the "Gallery Charges" form and circled the appropriate fee
- I enclose cheque/money order payable to: Burra Regional Art Gallery, PO Box 190, Burra SA
- I have paid via cash/eftpos in person at Burra Regional Art Gallery.
- I have paid via Bank Transfer: BSB: 105 017 Acc. 036699840 using Exhibition title as reference
- I acknowledge that the Gallery will retain a sales commission of ~~30%~~ 25%
- I am a financial 'Friend of the Gallery' and eligible for a sales commission of 20%
- I am aware the Gallery is required to collect GST on the commission regardless of my status as an artist and this will be deducted from my payment

Signed:

Complete and return this form to:

Exhibition Coordinator

BURRA REGIONAL ART GALLERY P.O. Box 190, Burra SA 5417 or [brag@burrageallery.com](mailto:brag@burrageallery.com)

The above information is for the exclusive use of the Burra Regional Art Gallery and will not be divulged to any other party.

5 Market Street Burra SA 5417 (08) 8892 2411 [brag@burrageallery.com](mailto:brag@burrageallery.com) ABN 32-939-327-145 [www.burrageallery.com](http://www.burrageallery.com)