

PCAA On-Going Display Venue Label 2025

Artist's Name _____

Phone Number _____

I wish to participate in the following Venue:

Martin Health Wellness Ruebens.

Hope Wellness, Dr. Salomon

Title of Work: _____

Asking Price: _____ Medium _____ Size: _____

Is it a Giclee? Yes No if yes, what is the original medium _____

- \$10 one time hanging fee for the duration of the show (@6 mths) will be collected at the time of the change-out.
- Neither PCAA nor the venue shall be responsible for lost or damaged artwork
- Contact curator when sold painting on how to proceed.
- My signature illustrates that I have read and agreed to the guidelines of the On-Going Display Venue.

Signature required _____

•Curator use only• \$10 fee paid
(This must be attached to back of painting to display)

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Please hand this to the Curator with \$10