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| FIRST AND LAST NAME OF THE EVENT PROMOTER: |
|  |
| PHONE NUMBER: \* |
|  |
| E-MAIL: |
|  |
| LOCATION/VENUE OF EXHIBITION: |
|  |
| ADDRESS OF THE VENUE: (enclose an access map) |
|  |
| DURATION OF THE EXHIBITION: FROM DD/MM/2020 TO DD/MM/2020) |
|  |
| DATE AND TIME OF THE OPENING AND/OR FINISHING: (or «no vernissage») |
|  |
| OPENING HOURS: FROM ... AM/PM TO ... AM/PM GMT TIME |
|  |
| CLOSING DAYS: |
|  |

FIRST AND LAST NAME OF THE EVENT PROMOTER (PLEASE REPEAT):

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| TYPE OF PROJECT:  (Multidisciplinary exhibition, design, painting, sculpture, photography, video, mixed media, installation, performance ...): | | |
|  | | |
| PRESENTATION OF THE PROJECT (5-10 LINES):  (Please specify the theme that will be covered in the exhibition) | | |
|  | | |
| PARTICIPATING ARTISTS : | | |
| Name | Last Name | Contact |
| 1.  2.  3.  4.  5. |  |  |