|  |
| --- |
| 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):

|  |
| --- |
|  |

|  |
| --- |
| 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. |  |  |