

Arts in Offices Questionnaire for Venues

Today's Date: _____

Venue Name: _____

Address: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax: _____

Email: _____

Shows are hung during the first two weeks of odd numbered months. When do you anticipate being ready to participate in this program - hanging system in place? (Please circle: Jan., Mar., May, July, Sept., Nov.)

Art will be rotated every two months. When, in general, can artists make arrangements with you to come and hang & take down their shows?

During the normal business hours of _____

Weekends or evenings

Other (Please describe: _____)

Will a table be available on which the exhibiting artist(s) may place a portfolio (binder)? Yes No

Would you welcome an opportunity to host an artist reception or artist talk? Yes No Maybe

What kinds of art are you able to display?

We can only accept art that will hang on a wall.

We would like to display art on our walls as well as 3 dimensional art (sculpture, pottery, ceramics).

Would you welcome an occasional display of art created by young artists? _____

Please describe any genre or style of art that you do NOT wish to display:

Artists participating in the program meet the standards for quality of artistic expression, as judged by the LAC. Do you wish to meet with the artists prior to the hanging of the shows to review the content of the artwork to be hung? Yes Not necessary

Thank you for taking the time to fill out this questionnaire. Its content will be shared with all participating artists in an effort to make them aware of your requests as they prepare to show their work at your site.