

GALLERY VAGA ARTIST REGISTRATION - EXHIBITOR AGREEMENT

Type of Work (circle as required): Large Wall Small Wall Bin Miniature Sculpture Cards

Artist's Name: _____

Address: _____

Postal Code: _____

Telephone: (Res) _____ (Bus) _____ E-mail: _____

Medium of Work: _____ Size: _____

Title: _____

Subject/Location: _____

May be sold unframed (circle as appropriate): YES NO

Retail Price (including taxes): Unframed: _____ Framed: _____

Ontario Retail Sales Tax Vendor's Permit Number: _____

ARTIST'S AGREEMENT

I understand and agree to the following terms for the display and sale of my work:

VAGA assumes no responsibility for loss or damage to any work, or for money owed for sold works.

The sale price is subject to a 5% commission to the Canadiana Gift Shop (if the sale is processed through it) and a 20% commission to VAGA. These fees are not subject to PST.

I am *personally* responsible for payment of *all* applicable taxes on my sold works.

I will abide by all decisions of the Operations Ctte regarding gallery operations, and by any decisions of the Curators as regards the quality and/or appropriateness of my works for display.

I will not remove works from display for use in other venues without the approval of the Chair of the Operations Ctte and will replace sold works within three (3) days.

As a member of a co-operative gallery, I agree to abide by all rules, regulations and procedures established for exhibition privileges, including finding my own replacement for gallery attendant duties if, for reasons other than a emergency, I am unable to fulfill those duties. I also understand that if I fail to conform to these, and to discharge my obligations thereunder, my works may be removed, my space allocated to other artists, my hanging privileges suspended and any fees paid forfeit.

Artist's Signature: _____ Date: _____

SALES TRANSACTION INFORMATION

This information is not being collected for the purpose of compiling mailing lists, but rather, solely for VAGA's internal statistical purposes

Date of Sale: _____ Method of Payment: (circle one): Cash Credit Card Cheque

Purchased by: _____

Purpose of Purchase (circle as appropriate): Personal Collection Souvenir Gift

Address: _____

Country: _____ Postal Code: _____

If being shipped, to above address or _____

Shipping Deposit Collected: \$ _____

FOR SHIPPING INFORMATION/INSTRUCTIONS, INCLUDING AMOUNT OF DEPOSIT TO COLLECT, REFER TO THE APPROPRIATE SECTION IN THE GALLERY INFO BOOK