

WATAUGA COUNTY ARTS COUNCIL

ARTS PLACEMENT ARTWORK REGISTRATION FORM

ARTIST'S
NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE (DAY) _____

(NIGHT) _____

EMERGENCY TELEPHONE
NUMBER _____

As a participant in the Arts Placement Service of the Watauga County Arts Council, I understand that participation in this program does not guarantee that my work will be exhibited or sold but that it will be offered for consideration to business owners for display/sale in their business establishment.

I understand and agree that any damage to my work is my sole responsibility and that the property owner (where the work is placed for sale) and the Watauga County Arts Council are in no way liable.

I understand that I am responsible for seeing that each piece placed in the service has clear identification on the back (or bottom) of the piece, accurate and complete paperwork, and a nametag filled out **AT THE TIME OF PLACEMENT**.

I understand that my work is contracted for the duration of the exhibition and that, unless it is sold, it may only be removed by a representative of the WCAC.

SIGNATURE OF ARTIST _____ DATE _____

NAME OF PIECE _____

MEDIUM _____ PRICE OF PIECE _____

Artist will receive 75% of the selling price received by WCAC. Payment will be made to the artist within 30 days of date of sale. Sales tax will be charged to the purchaser at the time of sale and all payments to the state of North Carolina will be handled by the WCAC.

DATE OF PLACEMENT _____ ACCEPTED BY _____
(WCAC REPRESENTATIVE)

DATE REMOVED _____ ACCEPTED BY _____
(ARTIST OR ARTIST'S REPRESENTATIVE)

-----FOR OFFICE USE ONLY-----

AMOUNT COLLECTED _____ DATE PAYMENT RECEIVED IN WCAC OFFICE _____

AMOUNT PAID TO ARTIST _____ DATE _____ AMOUNT PAID TO COORDINATOR _____ DATE _____

PURCHASER NAME _____ ADDRESS _____

3 – digit # number on back of credit card _____

BUSINESS IN WHICH WORK IS PLACED _____

DATE OF PLACEMENT _____ PROPRIETOR'S SIGNATURE _____