



DYSART ART SPACE EXHIBITION APPLICATION

Isaac Regional Council is collecting personal information you supply on this form in order to manage the Dysart Art Space. The personal information collected on this form will be used to coordinate and manage exhibitions. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information is handled in accordance with the *Information Privacy Act 2009*.

| CONTACT DETAILS | | |
|--|--------|--|
| Name of Exhibiting Person/Group/Organisation | | |
| Contact Person for Group/Organisation | | |
| Postal Address | | |
| | | |
| Phone | Mobile | |
| Email | | |
| EXHIBITION DETAILS | | |
| Exhibition Title | | |
| Description of exhibition, Rationale for the exhibition (artist statement, idea or concept) | | |
| | | |
| | | |
| | | |
| | | |
| Description of exhibition (medium, number of works, size of works) if your exhibition is related to a particular event, community celebration or milestone, please provide details including relevant dates. | | |
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DIGITAL IMAGES

You are required to supply a digital image/s that will be used to promote your exhibition. Please provide this image/s as a Jpeg or Tif format either on a disc or USB.

The images supplied with this application are images of my original work and do not infringe any existing copyright

I am not the copyright owner. I am duly authorised to act on behalf of the copyright owner and have attached evidence of that authority

I hereby grant Isaac Regional Council the right to reproduce and publish any images of works provided, for non-commercial purposes, both locally and worldwide (on the World Wide Web)

Artist/s Names & Resume (please attach)

Why would you like to exhibit at the Dysart Art Space

What benefit or relevance would your exhibition have to the local community

Dysart Art Space users can conduct associated activities during their exhibition. If you are considering associated activities please provide the details. (e.g. lectures, workshops, demonstrations, performances)

Equipment and Services Required. Please indicate the facilities required during your exhibition.
Please Note these may not be available. You will be notified upon confirmation of your exhibition booking.

Please Indicate Numbers Required

Plinths

Data Projector

Other (specify)

TIME FRAMES

Please tick the preferred time to hold your exhibition. This is a guide only and will not guarantee that the timeframe selected will be available.

| | | | | | | | | | | | |
|--------------------------|------|--------------------------|--------|--------------------------|-------|--------------------------|-------|--------------------------|------|--------------------------|------|
| <input type="checkbox"/> | Jan | <input type="checkbox"/> | Feb | <input type="checkbox"/> | March | <input type="checkbox"/> | April | <input type="checkbox"/> | May | <input type="checkbox"/> | June |
| <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | Sept | <input type="checkbox"/> | Oct | <input type="checkbox"/> | Nov | <input type="checkbox"/> | Dec |
| <input type="checkbox"/> | 2015 | <input type="checkbox"/> | 2016 | <input type="checkbox"/> | 2017 | <input type="checkbox"/> | 2018 | <input type="checkbox"/> | 2019 | <input type="checkbox"/> | 2020 |

ACKNOWLEDGMENT

I acknowledge that I have read and understood the Dysart Art Space exhibition guidelines. I accept the terms and conditions for the Guidelines of the Application for Exhibitions.

I acknowledge that I have read and understood the Dysart Art Space exhibition guidelines. I accept the terms and conditions for the Guidelines of the Application for Exhibitions on the behalf of the Organisation/ Group.

| | | | |
|------------|--|------|--|
| Signature | | Date | |
| Print Name | | | |

CHECKLIST BEFORE SUBMITTING THIS APPLICATION

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have answered all questions and signed the application |
| <input type="checkbox"/> | I have read the information provided about the exhibition space |
| <input type="checkbox"/> | I have enclosed all relevant/required supporting material including, digital images, resumes, and artists statements |
| <input type="checkbox"/> | I have completed the copyright section and provided proof of nonexclusive copyright |

Once completed please send form and any attachments either:

In person at your local Isaac Regional Council Office or

records@isaac.qld.gov.au or

ISAAC REGIONAL COUNCIL,

PO BOX 97, MORANBAH QLD 4744

DEPARTMENT USE ONLY

| | | | |
|---------------------|------------|--|------|
| | | | |
| | | | |
| Processed by | Signature | | Date |
| | Print Name | | |