



TASTE is a cultural indulgence. Including the work of over 30 local and regional visual artists, live music, performance arts, dance, and local cuisine. Taste is sure to be an event that will make a long-lasting impact on the Savannah cultural scene.

ARTIST AGREEMENT

Please Read and Initial the following.....

Here within the following the signer of this agreement shall be referred to as the Artist and the display Venue shall be referred to as TASTE.

COMMISSION:

___ When the artist has an item that sells at TASTE the revenue from the item there is a commission paid to TASTE. The artist receives 75% of the sold price, and the TASTE receives 25%. The artist will be paid for the work sold within 7 days of the event. This is for bookkeeping reasons.

INSURANCE:

___ Because TASTE is a one-night event TASTE cannot insure each artist's work. We ask that if the artist wants to have his/her work insured that the insurance needs to be provided privately. There are many establishments that offer art insurance, such as FarmerBrown.com, AXA Art Insurance, and FineArtInsurance.com.

AFTER THE SHOW:

___ Picking up: Since the show is only one night, you must pick up your work the night of show between 2:30am and 3:30 am. If this time is not feasible, you have the option of picking it up on Sunday April 5th, 2009 between 1pm-5pm.

ABANDONED PIECES:

___ I understand that any artwork left at TASTE will be transported to a secure location and will incur a holding fee of \$20.00 per day. Starting at 5pm on Sunday. If the artist cannot adhere to this, s/he MUST make approved arrangements with the TASTE staff.

ATTENDANCE:

___ Due to the nature of the TASTE event, the staff of TASTE asks that all displaying artists are in attendance. This is both good for self Promotion as well as creating a community atmosphere.

PROMOTION:

___ I am aware that I am on a list of artists and my name will appear on promo materials and among published articles.

___ Please attach a list of your works including the title, medium used, size, artist name as you want it to appear and the price of each piece). If any of your information changes, please email or call us.

Name: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Secondary Phone: _____
Email: _____
Website/myspace: _____
Brief Artist Bio: _____

Signature: _____

Notes: _____

ART INFO EXAMPLE (FOR EACH PIECE)

ARTIST NAME: (as you want it to appear) RAABstract
TITLE: Into the Night
MEDIUM USED: Digital print on Canvas
SIZE: 32x46
PRICE: \$375

Please fax or mail above form and artwork Information (*see above*) by:
Tuesday March 23, 2009.
Anything recieved after the above date may not be considered for show.

GET YOUR SHIT TOGETHER!!

Contact: TasteArtSavannah.com

TASTE
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