

NEILSON PARK CREATIVE CENTRE

56 Neilson Drive, Toronto, Ontario M9C 1V7 Telephone: 416-622-5294 Fax: 416-622-0892 e-mail: www.neilsonparkcreativecentre.com

CATALOGUE INFORMATION FOR INDIVIDUAL ARTISTS

This form must be completed and submitted to the office two weeks in advance of the scheduled installation.

Artist Name: (please print)

Telephone:	email:			
Address:				
Title of Show:				
Please note: Neilson Par paying by instalment. She				
Yes, I accept payment by	instalment() No, I d	o not accept pa	ayment by instalr	ment ()
*Artists who fail to colle Gallery Storage Fee of			c-up time will be	charged a
I have read the documen (Form GE10) and I agree			tion Policies and	Procedures"
Signature:		Date:		
Title of Work	Medium	Size	\$Value	FS/NFS
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^{*} If additional space is required, please attach a separate page.