



PORTSMOUTH ARTS GUILD
CENTER FOR THE ARTS

P. O. Box 463
Portsmouth, RI 02871

EXHIBITION FORM

**PRINT AND RETURN WITH PAYMENT TO
PAG WORKSHOPS, P. O. BOX 463, PORTSMOUTH, RI 02871**

Name: _____

Street _____

City, State, Zip _____

Email: _____ **Phone:** _____

For each entry, please include the title, media, description and price.

First Entry

Second Entry

Third Entry

Unless otherwise specified on the website, entry pricing is as follows:

\$15 first entry, \$5 each additional (members)
\$20 first entry, \$10 second, \$5 third (non – members)
Please include \$2 if paying by credit card
Three entries max per artist

Amount enclosed: \$ _____

Return with payment to: Gallery, P.O. Box 463 Portsmouth, RI 02871.

For any questions, please contact info@portsmoutharts.org