

Artist Inquiry - General Information Form

Complete this form to inquire about exhibiting your work at The Noyes Arts Garage of Stockton University

Date:	
Artist Name:	
Address:	
Primary Phone:	Secondary Phone:
Email:	
Website: (If applicable):	
Social Media (s/m):	
Facebook:	Instagram:
Twitter:	Pinterest:
YouTube:	Other:
Description of Work:	

Mod	lium:
weu	num.

Average Price Point:

Submit this completed form along with your artist bio, artist statement, and digital images of work to:

Email: mcagno@noyesmuseum.org

Mail: Attn.: Artist Inquiry The Noyes Arts Garage of Stockton University 2200 Fairmount Ave. Atlantic City, NJ 08401