Telephone Research Worksheet Galleries, Museums, and Other Venues

Date of Contact:	
Referred By:Source:	
Name of Venue:	
Venue Address:	
City, State, Zip:	
Country:	
Telephone: Fax:	
Email:	
Website Address:	
Director's Name:	
Curator's Name:	
Hours:	
Type of Venue: Gallery Museum Co-op Other Type of Art Exhibited: Paintings Sculpture Mixed Media	
Artists' Exhibited: Traditional Contemporary Local Regional National International	
Venue's Focus or Theme:	
Spoke With:Title:	
Goal of Call: Piece in Group Show Solo Show Representation Acquire for Collection Other	_
Presentation Policy:	
Appointment: Day Time #	AM PM