

# GALLERY NIGHT APPLICATION

## Friday, May 4, 2007

Please complete this form and return with payment to the **Madison Museum of Contemporary Art**. You may also fax the form to (608) 257-5722 or email your information to [jwolf@mmoca.org](mailto:jwolf@mmoca.org).

We must have this completed form and full payment by **Monday, March 19, 2007**. **NOTE: This is a firm deadline. We will not accept listings after this date.**

### CATEGORY (Choose One)

\_\_\_\_\_ Gallery or Museum      \_\_\_\_\_ Business

### CONTACT INFORMATION

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address/City/State/Zip  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### INFORMATION FOR GALLERY NIGHT BROCHURE

Please provide a description up to 25 words or less. Copy may be edited.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish to use the description from the Fall 2006 edition of Gallery Night.

### PAYMENT

\_\_\_\_\_ I have enclosed a check for \$125.00 payable to:

Madison Museum of Contemporary Art  
227 State Street  
Madison, WI 53703.