

ARTspace Insurance Information

Madison Arts Commission
 City of Madison
 Department of Planning and Development
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NAME OF ARTIST OR GROUP

TITLE OF EXHIBITION

EXHIBITION DATES

ARTIST LAST NAME	TITLE	MEDIUM	DIMENSIONS	INSURANCE VALUE
ARTIST LAST NAME	TITLE	MEDIUM	DIMENSIONS	INSURANCE VALUE
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Many thanks for your assistance. Please return the completed form to Karin Wolf, Madison Arts Commission, P.O. Box 2985, Madison, WI 53701-2985.