



Created and managed by:
Association A.p.s. MoHo

Via Zara 122/124
33038 Villanova di San Daniele del Friuli (UD), Italy
P.i. e C.f. : IT94111450303
vox. +39 0432 1840674
fax. +39 0432 1840244

a.p.s.



REQUEST FORM Galleries / Art spaces

Gallery / Art space name		
<input type="text"/>		
E-mail	Telephone <i>(optional)</i>	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	Country	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Website / or external link		
<input type="text"/>		
mqgs available for exhibitions		
<input type="text"/>		
Person of reference		
<input type="text"/>		
Last exhibition <i>(optional)</i>		
<input type="text"/>		
Notes / requests <i>(optional)</i>		
<input type="text"/>		



*if the "SEND" button doesn't work, please save the pdf and then send it to us at: project@yicca.org

We will replay you as soon as possible in order to let you know about the current possibilities of collaboration, fees and dedicated benefits.

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project@yicca.org

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