

SEATTLE ART MUSEUM

COMMUNITY PARTNERSHIP - INFORMATION GATHERING

Community partnerships are managed through the education department, and generally take the form of public programming. Since the formation of the community partnership program in 1997, we have worked with nearly 300 organizations to organize lectures, performances, workshops, and other interpretive programs.

To propose a collaborative program, please complete the information below. Someone from the education department will contact you regarding the information provided. We can then meet discuss possible partnerships, depending on how proposals fit into the overall programming.

Please complete and return to Sophia Ferrel, Education Coordinator by **fax (206) 654-3135**. Your response will help us in identifying organizations and individuals interested in creating and sustaining a partnership with the Seattle Art Museum.

Name: _____ Job Title: _____

Business/Organization Name: _____

Business/Organization Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

E-mail: _____

Please indicate whom you are representing?

- Business Community Organization Professional Group Individual Community Member

Please indicate the level of partnership/involvement you or your organization would be interested in having with the museum for these upcoming exhibitions.

- General Community Partnership:** Presenting a program outside of the museum in conjunction with the exhibition.

Partnership Relationship Exchange:

- *Promotion of partnership program through the SAM web site, SAM newsletter and press materials.*
- *Partner organization will display exhibit brochures and posters.*

- Involved Community Partnership:** Presenting a program at the museum in conjunction with the exhibition.

Partnership Relationship Exchange:

- *Promotion of partnership program through the SAM web site, SAM newsletter and press materials.*
- *Partner organization will promote the event in their press materials, and will display exhibit brochures and posters.*
- *Partner organization will receive limited use of museum facilities and event ticketing through the museum's Box Office.*
- *Partner organization will keep program attendance and information.*
- *Partner organization will receive a limited number of passes to the exhibition.*

Please indicate the type of event you might organize, present or participate in and any additional information about the event that you can provide at this time.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Art Class | <input type="checkbox"/> Discussion Group | <input type="checkbox"/> Film | <input type="checkbox"/> Speakers Bureau |
| <input type="checkbox"/> Artist in Residence | <input type="checkbox"/> Exhibit | <input type="checkbox"/> Lecture | <input type="checkbox"/> Symposia |
| <input type="checkbox"/> Book Reading | <input type="checkbox"/> Family Program | <input type="checkbox"/> Musical Performance | <input type="checkbox"/> Teacher Program |
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Festival | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other |

Thematic connection to which exhibition?

- Will change with exhibition schedule
- Will change with exhibition schedule

Target audience? (e.g. youth, teen, adult, specific community) _____

Idea for proposed event (please use reverse if necessary):

Previous partnership with the museum:

Have you partnered with the museum in the past? Yes No

If yes, when _____ and in what capacity _____

Can you suggest other organizations or individuals you think we should consider as a potential community partner, artist, and/or writer, who may have an interest in participating and/or promoting knowledge about the upcoming exhibition?

Organization Individual Artist Writer Other _____

Name: _____ **Telephone Number:** _____

Organization: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Organization Individual Artist Writer Other _____

Name: _____ **Telephone Number:** _____

Organization: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Do you have any suggestions or comments for us?

Thank you for completing this form.
Based upon the information you supplied we will contact you regarding your participation.