



# Artist Survey

1. What is your name? (optional)

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2. How did you first hear about Art Beyond Boundaries? Check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Newspaper         | <input type="checkbox"/> Human Service  | <input type="checkbox"/> Website                    |
| <input type="checkbox"/> Arts Organization | Agency                                  | <input type="checkbox"/> Other; if so, what was it? |
| <input type="checkbox"/> Call for Artists  | <input type="checkbox"/> Brochure       |   |
|  | <input type="checkbox"/> Another Artist | _____   |

3. Have you exhibited in other galleries?    Y    N

Describe: \_\_\_\_\_

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**TURN TO OTHER SIDE →**



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4. What areas of professional development are you interested in expanding?

Grant Writing

Presentation

Marketing

Other; if so, what is it? \_\_\_\_\_

5. What training format do you prefer?

Workshop

Mentor

Information seminar

Other; if so, what is it? \_\_\_\_\_

6. How has Art Beyond Boundaries helped you? \_\_\_\_\_ +

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7. How would you rate your overall experience with Art Beyond Boundaries?

1 = Excellent    2 = Good    3 = Average    4 = Poor    5 = Undecided

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