

Healing Arts Gallery Exhibition Application

Artist Name: _____

Address: _____

Phone (Home): _____ (Cell): _____

Email: _____

How did you hear about the Healing Arts Program? _____

Healing Arts has galleries at 4 sites. Please check those at which you would be willing to exhibit*:

- | | |
|---|--|
| <input type="checkbox"/> Morristown Medical Center (Morristown, NJ) | <input type="checkbox"/> Overlook Medical Center (Summit, NJ) |
| <input type="checkbox"/> Newton Medical Center (Newton, NJ) | <input type="checkbox"/> Chilton Medical Center (Pompton Plains, NJ) |

**Select galleries are booked 1 year+ in advance. Checking all galleries increases chances of exhibiting earlier.*

Most exhibitions require 15-20 works. Are you interested in a: Solo exhibition 2-3 person exhibition Group exhibition (Please specify if group or organization): _____

Are you an Atlantic Health employee? N Y - Department and Hospital: _____

Note: Preference is given to regional artists or those who live/work in the Atlantic Health service area.

Rules of Exhibition

- All work submitted for exhibition will be reviewed and selected by an exhibit committee. The committee shall have the sole discretion as to the selection of art work for exhibit.
- Accepted artwork that does not match the images provided for review will not be exhibited.
- Delivery and removal of all works of art shall be the responsibility of the Artist and shall be arranged with a hospital representative during regular business hours. Atlantic Health System reserves the right to remove the artwork and store it at the Artist's risk if such artwork is not retrieved by the artist on the scheduled pickup date.
- Artwork may not be removed from the exhibition prior to the conclusion of the exhibition.
- All 2-D work should be framed, must have appropriate hooks and wiring – *Ready to hang* – with wire securely on the back. Framing exceptions are made for gallery-wrapped canvas with neat edging.
- All framed work must measure at least 12 inches, no more than 48 inches, and weigh no more than 20 pounds unless otherwise stipulated.
- Artwork that does not meet size limitations will not be accepted.
- The entire application must be filled out.
- There is no fee for applying.
- Atlantic Health System does not provide insurance and may not be held liable for damage to any artwork exhibited. Atlantic Health will make every possible effort to handle all artwork with care and respect.
- Artists submitting work may make their work available for sale, but this is not required. If an artist wishes to make work available for sale, the artist must set the sale price.
- If artwork is sold, Atlantic Health System receives 20% of the sale price as a donation to support Healing Arts Programs at Atlantic Health.
- Artists whose work is sold are solely responsible for the payment of any applicable taxes on the sale proceeds and should consult their own accountants or other tax advisors concerning same.
- Atlantic Health has the right to photograph the artwork and use images of the artwork in publications and media as it relates to the exhibition.
- Prior to installation of exhibition, Artist must sign and return the separate Registration and Loan Agreement Form.

I have read and reviewed the above Rules of Exhibition: _____

Signature

Date

Questions? Please contact Healing Arts at 973-660-3533, or e-mail healingarts@atlantichhealth.org.

Artwork Information

When submitting your application, please include:

- a brief bio and link to your website, if you have one
- short artist's statement concerning your artwork
- a sampling of 5 JPEGs of your artwork

1. Title: _____

Medium: _____

Size: _____ Year of completion: _____ For sale?: Y or N Price: _____

2. Title: _____

Medium: _____

Size: _____ Year of completion: _____ For sale?: Y or N Price: _____

3. Title: _____

Medium: _____

Size: _____ Year of completion: _____ For sale?: Y or N Price: _____

4. Title: _____

Medium: _____

Size: _____ Year of completion: _____ For sale?: Y or N Price: _____

5. Title: _____

Medium: _____

Size: _____ Year of completion: _____ For sale?: Y or N Price: _____

Please e-mail the above information to healingarts@atlantichhealth.org.

If sending by postal mail, include a CD with your 5 JPEGs and mail to:

Healing Arts, Atlantic Health System, 475 South Street, Box 801, Morristown, NJ 07962-1905.