



Visual Artist / Group Exhibit Application

Applicant Information:

Name			
Organization			
Address			
City/State/Zip			
Email Address			
Phones	(c)	(h)	
Website			

Tell us why your exhibit is suited for the healthcare environment, or if you have any experience which would make your exhibit significant for this environment.

Artist Statement:

Artist Bio:

Exhibit Information & Price Range of Works to be exhibited:

Title of Exhibit

Describe your exhibit

Price Range:

You must submit eight (8) images with your application. If you cannot submit image using our online application, you must include jpeg images and submit on CD. Image resolution should be 150 dpi and not exceed 1 MB.

Location Preference for Artists / Groups - *please check one*

<p>Arts & Health Galleries 1 & 2 and 3 & 4 - Total Linear Feet – 36 feet</p> <p>One case measuring 18'x6'x20" & two cases measuring 9'x6'x20" each. Located in the Hospital to Duke Medical Pavilion Corridor. <i>For larger collections.</i></p>	<input type="checkbox"/>
<p>Clinics 1D Display Case* - Total Linear Feet – 6 feet</p> <p>One display case measuring 6'x 6'. Located on First Floor Clinic Corridor.</p> <p><i>*There are "On-Site" requirements by the exhibiting artist(s) for this location as indicated on the Exhibit Guidelines.</i></p>	<input type="checkbox"/>

Visit <http://artsandhealth.duke.edu/participate/artists/gallery-spaces> to see images of the spaces.

Duke University Medical Center exhibition history

Have you exhibited at Duke previously?

If yes, when was the last time? What gallery?

Check the box to indicate the following:

I have reviewed, understand and agree to the terms outlined in "Guidelines for Duke Departmental Exhibits", and I take responsibility as the main contact for the exhibit.

Signature

Date

Print Name

Email

Phone

CHECKLIST for submitting your work for consideration

Be sure your application includes:

_____ Eight (8) digital images of work intended to be exhibited

_____ Resume or CV

_____ Completed Arts & Health Artist Exhibit Application (including Exhibit Information, Statement, short Bio and Price Range)

Please send completed application to: samuel.morrison@duke.edu

Or, by mail: **Arts & Health at Duke**
 Attention: Samuel Morrison
 DUMC 3017
 Durham, NC 27710

Mailed submission materials will not be returned.

For office use only Date Received: _____ Initials: _____