



Duke Department/Affiliation Exhibit Application

Application Information:

Exhibit Title		
Duke Department / Affiliation		
Website		
Contact Names <small>(Please provide a 2nd contact in case the primary contact is unavailable)</small>	1)	
	2)	
Email Address	1)	
	2)	
Phone	1(c)	1(h)
	2(c)	2(h)

Describe your Educational Goals for this Exhibit:

- All Duke Departmental Exhibits will be held in the Mars Galleries I & II located in the Hospital North – South Walkway.
- These exhibits will be changed on a monthly basis, except for the last exhibit of the calendar year (extends from mid-November to mid-January due to holidays).
- You may request either or both gallery spaces depending on the size of your exhibit.
- Preference may be given to those departments / affiliations that have not been exhibited in the previous year.
- Refer to the Exhibit Schedule on the following page and indicate your preference for dates to exhibit. You may indicate your 3 preferences – 1 being most preferential.
- There are two deadlines for submissions based on your requested exhibit date.

Mars Gallery Exhibit Dates

If your exhibit application is approved, you will receive information regarding installation and take down dates for your exhibit.

Exhibit Dates - Applications must be received by October 31, 2017	Indicate your preference from 1-3	
	Mars Gallery I	Mars Gallery II
Thursday, January 17 – Wednesday, February 14, 2018		
Thursday, February 15 – Wednesday, March 14, 2018		
Thursday, March 15 – Wednesday, April 11, 2018		
Thursday, April 12 – Wednesday, May 16, 2018		
Thursday, May 17 – Wednesday, June 13, 2018		
Thursday, June 14 – Wednesday, July 18, 2018		

Exhibit Dates - Applications must be received by April 30, 2018	Indicate your preference from 1-3	
	Mars Gallery I	Mars Gallery II
Thursday, July 19 – Wednesday, August 15, 2018	Unavailable due to Duke Health Employee Art Show	
Thursday, August 16 – Wednesday, September 12, 2018		
Thursday, September 13 – Wednesday, October 17, 2018		
Thursday, October 18 – Wednesday, November 14, 2018		
Thursday, November 15, 2017 – Wednesday, January 09, 2019		

Duke University Medical Center exhibit history

Has your department or affiliation exhibited in the hospital previously?

If yes when?

How many times have you exhibited in the last 3 years?

Check 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	

Please fax completed application to 919-613-6600 or email to: jennifer.collins3@duke.edu

For office use only

Date Received: _____ Confirmation Sent: _____ Initials: _____