



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.

2019 Exhibit Dates	Indicate your preference from 1-3	
	Mars Gallery I	Mars Gallery II
Thursday, January 17 – Wednesday, February 13, 2019		
Thursday, February 14 – Wednesday, March 13, 2019		
Thursday, March 14 – Wednesday, April 10, 2019		
Thursday, April 11 – Wednesday, May 8, 2019		
Thursday, May 9 – Wednesday, June 5, 2019		
Thursday, June 6 – Wednesday, July 3, 2019	Unavailable due to Duke Health Employee Art Show	
Thursday, July 8 – Wednesday, August 31, 2019		
Thursday, August 1 – Wednesday, August 28, 2019		
Thursday, August 29 – Wednesday, September 25, 2019		
Thursday, September 26 – Wednesday, October 23, 2019		
Thursday, October 24, 2019 – Wednesday, November 20, 2019		
Thursday, November 21, 2019 – Wednesday, January 29, 2020		

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: william.a.gregory@duke.edu

For office use only

Date Received: _____ Confirmation Sent: _____ Initials: _____