

Chilton Medical Center Healing Arts Gallery Exhibition Application

Artist Name:		
Address:		
	(Home):(Cell):	
Email: How did you hear about Chilton Medical Center's Healing Arts Program?		
Are you	u an Atlantic Health employee? \square N $\ \Box$ Y - Department and Hospital:	
Note: P	reference 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 co 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 arra representative during regular business hours. Atlantic Health System reserves the right to remo store it at the Artist's risk if such artwork is not retrieved by the artist on the scheduled pickup of 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 – <i>Ready to hang</i> – with 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 to 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 an 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 art 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 Programs at Chilton Medical Center. Artists whose work is sold are solely responsible for the payment of any applicable taxes on the should consult their own accountants or other tax advisors concerning same. Atlantic Health has the right to photograph the artist and artwork and use images of the artwor media as it relates to the exhibition. Prior to installation of exhibition, Artist must sign and return the separate Registration and Loan	nged with a hospital ive the artwork and date. In wire securely on the shan 20 pounds unless y artwork exhibited. tist wishes to make t Healing Arts sale proceeds and the in publications and
I have	read and reviewed the above Rules of Exhibition:	-
	Signature	Date

Questions? Please contact 973-831-5016, or e-mail ChiltonVolunteer@atlantichealth.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 or link to your website 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 chiltonvolunteer@atlantichealth.org

If sending by postal mail, mail to:

Chilton Medical Center; Volunteer Services/Healing Arts; 97 West Parkway; Pompton Plains, NJ 07444.