



**Rotating Art Exhibit
Application**

Artist Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Website _____

Telephone _____ Cell Phone _____

Are you an MMC employee? _____ Are you a full or part time resident of Maine? _____

Exhibition Guidelines Reviewed

I verify that I have read and agree to the entire Rotating Art Exhibition Guidelines.

Name: *signed, dated* _____

Application Received by Maine Medical Center

Application received by Arts Committee Representative of Maine Medical Center.

Name: *printed* _____

Name: *signed, dated* _____



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Program Materials to Submit

1. **Application Form Page 1** with contact information.
2. Submit images of your proposed artworks as high resolution jpegs via email.
3. List all of the images on the **Application Form Page 3** provided in the same order including title, medium, exterior frame size and price.
4. Submit a resume, brief biography and/or artist statement.
5. Submit a Description of the Art Show you are proposing with an Artist's Statement about the artworks which will accompany the show if you are selected.
6. Optional: Submit any other promotional materials or copies of articles about your work.

Please do not submit any materials which need to be returned.

PLEASE NOTE: While Maine Medical Center will take reasonable care and precaution in handling artwork, it is unable and will not assume responsibility for any loss, including but not limited to theft, damage, vandalism, etc. All work must be labeled on its non-displayed side with the artist's contact information. Any work not picked up by the agreed upon dates will be disposed of at the hospital's discretion.

Send Exhibit Application materials by email or delivery to:

Louise Carpentier
carpel3@mmc.org

OR

The Arts @ Maine Medical Center
c/o Maine Medical Center Philanthropy Office
22 Bramhall Street
Portland, Maine 04012
Phone 207-662-2669

