



Artist Prospectus for MCH Healing Arts Gallery

MISSION

The MCH Healing Arts Gallery has been established in the Fall of 2011 by a group of enthusiastic Staff, Artists and Volunteers forming the MCH Healing Arts Advisory Committee with plans for its inaugural launch to take place on June 22ST 2012. The purpose of the Gallery is to provide exhibitions of works of art that support a therapeutic and restorative experience for viewers in a healthcare setting and for the collection, development and acquisition of Fine Art.

ELIGIBILITY

Open to Artists working in most mediums. Special exhibitions will display the works of young artists.

ENTRY

A Call to Artists may be found on the MCH Healing Arts Gallery website from time to time for theme specific exhibitions. Follow entry instructions as noted.

On a rolling basis, a Letter of Intention along with several examples of work (3-5) in electronic image format (jpgs) (not to exceed 50KB each) are accepted. Please include Artist bio, Artist statement and current contact details. Submissions may be emailed to: LeeAnn.clark@mchmail.org.

Committee will review on a regular basis and Artist will be notified in due course if their work has been chosen for selection.

RESTRICTIONS

As the gallery is in a hospital setting, the ambiance of healing is important to the benefit of patients, their family and friends, staff, volunteers and healthcare practitioners, so must be reflected in the content of the works of art. If you need any advice or have any questions regarding the suitability of the content of your artwork in a hospital setting, please contact Amy Pfeil amypfeil70@hotmail.com and/or Lee Ann Clark at (603) 924-4699 x 1600, or via email at LeeAnn.clark@mchmail.org for guidance.

Works must be suitable in size and content for the gallery.

ACCEPTED WORK

Only pieces that have been submitted for final review will be considered for display.

DELIVERY AND COLLECTION

Selected Artists are fully responsible for the delivery of their work to and from the MCH Healing Art Gallery in ready to hang/display/sellable condition. It is necessary for Artist to deliver artworks a week prior to the launch of the exhibition.

Artist is responsible to provide a complete Inventory/Price list, Resume, and Artist's Statement prior to or at the time of delivery. Each work of art will be labeled on the bottom or back with Artist's name, title of work, medium, size and price.

The hospital does not have storage capacity to save boxes or materials that artwork is delivered in, nor will it be responsible for packing and shipping artwork to an Artist or purchaser. Artist will be responsible to collect unsold artworks within four days of striking of exhibition. Purchasers will be contacted by a representative from the Philanthropy Office for collection.

ARTIST PROCEEDS

Artist will accept 100% of proceeds for artwork sold and will donate 30% of proceeds received to Monadnock Community Hospital for further support and development of initiatives of the Healing Arts Advisory Committee.

INSURANCE

The Artist is fully responsible for any insurance of his/her work during transit as well as exhibition.

The artist understands the Hospital cannot be responsible for protecting the art work. Thus before delivering any art for display will sign and give to the Hospital the Hospital's Assumption of Risks, Release and Waiver of Liability Agreement attached. This must be done one (1) week prior to delivery of art.

AGREEMENT

Submitting an entry to this event constitutes an agreement with all conditions.

ARTIST SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR INTEREST IN EXHIBITING AT THE MCH HEALING ARTS GALLERY.

SHIPPING/INQUIRIES

Monadnock Community Hospital
Attn: Lee Ann Clark
Community Relations
452 Old Street Road
Peterborough, NH 03458

At least one week prior to the exhibition launch date, please include the completed **Inventory/Price list** below at time of artwork delivery, and provide by mail or email your **Bio, Artist's statement and Guest List** to the address above.

ARTIST INFORMATION

ARTIST _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE / DAY _____ TELEPHONE / EVENING _____

EMAIL _____

WEBSITE _____

