



MaineGeneral Medical Center (MGMC) Art Committee
Exhibition Proposal Form

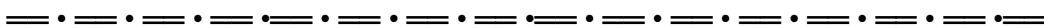
Proposing Artist's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

E-mail: _____ Website: _____



Proposed Title of Show: _____

Requested time of year for show:

___ Fall ___ Winter ___ Spring ___ Summer

Campus:

___ Thayer Center for Health ___ Alford Center for Health

Exhibition Proposal Checklist:

A complete proposal should contain the following. Some requirements may be waived by the MGMC Art Committee if items are not available or applicable. Otherwise, incomplete proposals will not be considered.

- This completed exhibition proposal form.
• A one-page cover letter describing the intent and content of your proposed exhibition.
• For group shows, a list of participating artists including contact information.
• Resume and/or artist's statement and/or biography.
• Email with attachments of 9-15 JPEG image files of the artwork to be displayed.
• Image list corresponding to above - including artist, title, media, size and price.
• Self-addressed stamped envelope if you would like to have your materials returned.

By my signature below, I signify that I have read and understand the document "Exhibiting at MGMC: Requirements & Responsibilities" and agree to all terms therein.

___ I am not a member or relative of the staff or volunteer department of MGMC.

Proposing Artist's Signature: _____ Date: _____.