

Please complete and return to:

Cumberland Health Care Foundation, 19428 Hwy 2 RR6, Amherst NS B4H 1N6 - Fax 902 667 6029

PERSONAL INFORMATION	
Full Name:	
Address:	
If address is different than above, please provide here	
Home Phone: ()	Alternate Phone: ()
E-mail Address:	
Website – Please add my website as a link on the Cumberland Health Care Foundation website in the upcoming Gallery & Artists section (www.chcfoundation.com)	My website address is:

ANNUAL FOUNDATION DINNER & AUCTION EVENT	
<input type="checkbox"/> <p>I will be submitting a donated piece of art work; <i>I understand that I will receive a charitable taxation receipt for the greatest extent possible under official taxation laws of the Canadian Revenue Agency.</i></p> <ul style="list-style-type: none"> I will be delivering the work(s) to the Foundation office prior to April 23, 2007. 	<p>The estimated value of the work is:</p> <p>\$</p> <p><i>If more than 1 piece is being donated please identify the value of each</i></p>
<input type="checkbox"/> <p>I will not be submitting a piece of donated art work for the Foundation Dinner & Auction</p>	

CUMBERLAND HEALTH CARE ART GALLERY	
<input type="checkbox"/> <p>I am interested in displaying my works for sale at the Cumberland Health Care Gallery <i>I understand that for each piece of my artwork sold I will receive 80% of the proceeds with the remaining 20% going to the Cumberland Health Care Foundation and the Cumberland Health Care Auxiliary</i></p>	
My primary medium is (eg acrylic on canvas, watercolor, photography)	

MY WORK(S) WOULD BE BEST DESCRIBED AS FOLLOWS	
<ul style="list-style-type: none"> My work has been juried I have been creating pieces for: I have been selling & exhibiting pieces for: I have been creating pieces for personal enjoyment for: 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> more than 10 years <input type="checkbox"/> less than 10 years <input type="checkbox"/> less than 5 years <input type="checkbox"/> more than 10 years <input type="checkbox"/> less than 10 years <input type="checkbox"/> less than 5 years <input type="checkbox"/> more than 10 years <input type="checkbox"/> less than 10 years <input type="checkbox"/> less than 5 years

VOLUME OF WORKS AVAILABLE FOR DISPLAY	
I would be prepared to display the following number of pieces for sale:	
<input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 8-10 <input type="checkbox"/> 10-12 <input type="checkbox"/> 12-14	
<ul style="list-style-type: none"> <i>I understand that the number of works to be accepted will be dependent on the display space available but that additional pieces may be left for replacement of pieces as they are sold.</i> 	

TIME PERIOD PREFERENCE FOR DISPLAYING WORKS AT THE GALLERY

I would prefer to display my works during the following month(s). I understand the Foundation Office will contact me direct to confirm the time period and the timing and delivery of works. Please place a "√" in the appropriate box

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

1.	<p>I understand that 80% of the sale price (prices are as stated by the artist) will be returned to me with the remainder going to support the work of the Foundation and Auxiliary.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I would like to donate a greater percentage of the sale of my works to the Foundation / Auxiliary than 20% - that percentage being: _____%</p>
2.	<p>I understand that work must be submitted during the third week of the month preceding my display period.</p> <ul style="list-style-type: none"> • This is to allow for final preparation, categorizing, and entry into the Foundation's inventory system.
3.	<p>I understand that all submitted pieces must be framed and have a hanging wire.</p> <ul style="list-style-type: none"> • The Foundation will provide mounting brackets for usage in the Galleries which will be returned to the Foundation upon removal of artwork.
4.	<p>An information card will be prepared by the Foundation which will include the name of the artist, title of work, medium, and price. This information will be obtained from the "Art Work Submission Sheet" (see enclosed).</p> <ul style="list-style-type: none"> • The card will be attached on or close to the work being posted by the Foundation.
5.	<p>I understand that although each work is affixed to the Gallery mounting board to prevent loss/theft, and that a security system* is in place, that displayed works are not insured by the Hospital, the Auxiliary or the Foundation. Each artist must have his or her own insurance.</p> <ul style="list-style-type: none"> • (*All artwork pieces when mounted to the Gallery boards are wired to the Hospital security system of the Gallery. This system automatically switches on between 4:30pm and 8:30am. With the exception of holidays and weekends - between 8:30am and 4:30pm the security system is bypassed to allow the Foundation to remove the artwork for sale to customers).
6.	<p>I understand that when contacted by the Foundation, I will make arrangements for the pickup of remaining pieces within the next five (5) business days unless otherwise agreed to with the Foundation office.</p>
7.	<p>I understand that if remaining works are not retrieved from the Foundation upon all reasonable attempts for notification of pickup (telephone, email, and one written notification), the artwork will be considered donated to the Gallery at the three-month mark of the written notification.</p> <ul style="list-style-type: none"> • I also understand that I (the artist) am responsible for providing updated contact information to the Foundation for follow-up.
8.	<p>Biography – I will provide a brief artist biography at the time of delivery of works to the Gallery. The biography will be no more than 200 words.</p> <ul style="list-style-type: none"> • The Foundation will endeavor to have the Artist biography reproduced and displayed near the relevant pieces for the public and consumers to view/obtain.
9.	<p>Website – I understand that unless I otherwise notify the Foundation, my name, and website (if available), will be added to the Cumberland Health Care Foundation website as a contributing artist in support of the Foundation's and Auxiliary's mission and goals of enhancing healthcare in the community.</p> <ul style="list-style-type: none"> • I also understand that a photo of a selected piece(s) may also be added to the website for promotional purposes.
10.	<p>I understand that the Cumberland Health Care Foundation, the Cumberland Health Care Auxiliary, and the Cumberland Regional Health Care Centre reserve the right to refuse to display / accept works which it may deems not suitable for the setting involved.</p>
Name of Artist	
Signature of submitting artist	
Date of signing	

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