

Rules and Guidelines

EXHIBITION DATES July 29 - September 30, 2024 Work must remain on view for the duration of the exhibition.

LOCATION Fountain Lobby and Patient and Visitor Activities Center, Gallery I, Level 8, by Elevator F.

ELIGIBILITY All current UIHC staff and volunteers, part-time and full-time.

APPLICATION DEADLINE A completed registration form must be submitted to **Project Art** by June 21st. You may send it via campus mail, email (amanda-ryan@uiowa.edu), or deliver it in person to 8023-B JCP.

The registration and ID forms are attached to these guidelines.

ACCEPTED MEDIUM All media are welcome - including basketry, ceramics, digital art, drawing, embroidery, jewelry, painting, photography, printmaking, sculpture, textiles, and woodworking. All three-dimensional works in any media and format are eligible to exhibit. Traditional and contemporary techniques and imagery are acceptable. No kits, copyrighted images, commercially molded or mass-produced items will be accepted. Please do not submit domestic items that have been subject to heavy usage.

****Project Art reserves the right to omit works deemed inappropriate for the hospital environment****

NUMBER OF WORKS Each artist is invited to exhibit **ONE** work.

FRAMING REQUIREMENTS All two-dimensional artwork **MUST** be able to accommodate our security hardware. This hardware requires a Nielsen-type metal sectional frame, or a solid wood frame measuring at least 1" wide and 1" thick.

In order to protect the public and the artwork, **we accept only acrylic covers. ***NO GLASS*****

SIZE LIMITATIONS So that we may accommodate as many works as possible, **there is a maximum size of 36 in. (91.5cm) in either direction for 2D pieces, and a maximum of 20 in. (50.8cm) in any direction for 3D pieces.** Small 3D works are encouraged, as they will be presented behind acrylic security cases.

RETURN OF WORK After the exhibit closes, works of art must be picked up in the Project Art office from **OCTOBER 7 through OCTOBER 11, 2024 between 8:30AM-4PM.** Artwork left in Project Art's care after **October 11, 2024**, will be disposed of at the discretion of Project Art.

DELIVERY OF ART *All work must be delivered to the Project Art office at 8023-B JCP between **July 15 - July 19, 2024, 8:30AM-4PM.** Please detach the identification card from the registration form, fill it out, and attach it to the back of your artwork.*

INSURANCE Liability: Objects received for temporary exhibit will be given the same care as artwork belonging to the University of Iowa Hospitals and Clinics. Project Art, The University of Iowa Hospitals and Clinics, the University of Iowa, the State of Iowa Board of Regents, and the State of Iowa are not responsible for any lost, stolen, or damaged artwork and **no insurance is provided by the foregoing to cover such liability.** Lender releases and waives any rights it may have to claims against Project Art, The University of Iowa Hospitals and Clinics, the University of Iowa, the State of Iowa Board of Regents, and the State of Iowa for lost, stolen, or damaged loaned property.

SALES & COMMISSION If you choose to offer your work for sale, Project Art will handle the transaction and retain a 30% commission. (Please include commission in the sale price.) If your works are not for sale, please mark the appropriate box on the forms.

QUESTIONS? Contact Project Art: *rm: 8023-B JCP tel: 3-6417 e-mail: amanda-ryan@uiowa.edu*

University of Iowa Health Care

200 Hawkins Drive, 8023 JCP

Iowa City, Iowa 52242-1009

Tel 319-353-6417

Fax 319-353-8904

Email amanda-ryan@uiowa.edu

<http://www.uihealthcare.com/projectart>

REGISTRATION FORM: Please read attached Rules and Guidelines carefully and return top half of completed form to Project Art Office at 8023-B JCP or email form to amanda-ryan@uiowa.edu by **FRIDAY, June 21, 4PM.**

ARTIST INFORMATION

Name: _____

Email: _____ UIHC Department: _____

Phone: (work) _____ (home) _____ (cell) _____

Work Address: _____

Home Address: _____

ARTWORK INFORMATION

2D (photographs, paintings, textiles, etc.)

3D (sculpture, ceramics, etc.)

Title of Artwork _____

Medium _____ Dimensions (inches) height _____ x width _____ x depth _____

For Sale? _____ Sale Price (include 30% commission) \$ _____

I have read, understand, and agree to the attached Rules and Guidelines

Lender's Signature

Date

-----Cut here and attach bottom form to artwork-----

IDENTIFICATION CARD: Please attach to back of artwork

Staff Art Exhibit: July 19 - September 30, 2024

2D

3D

Artist's Name: _____ e-mail : _____

Department: _____ phone: _____

Title of Artwork _____ Medium _____

Dimensions (inches) height _____ x width _____ x depth _____

For Sale? _____ Sale Price (include 30% commission) \$ _____

Delivery deadline for ALL work is FRIDAY, JULY 19, 2024 by 4PM at 8023-B JCP