

## TEMPORARY ART EXHIBIT APPLICATION

Please complete this form and e-mail it to the Project Art office with **5-10 photographs\*** or a web address of your work, as well as an **artist's statement and bio\***.

*\*Please do not submit your files via Google Drive.*

|                                    |  |
|------------------------------------|--|
| <b>NAME</b>                        |  |
| <b>STREET ADDRESS</b>              |  |
| <b>CITY/STATE/ZIP</b>              |  |
| <b>TELEPHONE</b>                   |  |
| <b>E-MAIL</b>                      |  |
| <b>WEBSITE</b>                     |  |
| <b>APPROXIMATE NUMBER OF WORKS</b> |  |
| <b>MEDIUM</b>                      |  |
| <b>PRICE RANGE</b>                 |  |
| <b>APPROXIMATE SIZES FRAMED</b>    |  |
| <b>OTHER RELEVANT INFORMATION</b>  |  |

All two-dimensional artwork on loan to UI Hospitals and Clinics must be able to accommodate our security hardware. This hardware requires a Nielsen metal sectional frame, or a solid wood frame measuring at least ¾" wide and ¾" thick.

In order to protect the public and the artwork, **we accept only Plexiglas or other acrylic covers, rather than glass.** Artist is responsible for framing. Delivery and pickup of artwork must be made in person.

As the consideration of patients and visitors are of primary concern, Project Art reserves the right to make all curatorial decisions. Only original artwork (no reproductions) will be displayed.

For more information, please call (319) 353-6417 or email [uihc-projectart@uiowa.edu](mailto:uihc-projectart@uiowa.edu).

*Send application packets to:* Collections Exhibitions Associate, Project Art  
University of Iowa Hospitals and Clinics  
200 Hawkins Drive, 8023 JCP  
Iowa City, IA 52242-1009  
[uihc-projectart@uiowa.edu](mailto:uihc-projectart@uiowa.edu)