



## 2016 HEArt Show

February 5, 2016

Benefitting

Louis and Anne Green Memory & Wellness Center  
of the Christine E. Lynn College of Nursing  
at Florida Atlantic University

### PROFESSIONAL ARTIST APPLICATION

(Please Print Neatly)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### ARTIST INFORMATION

First Name		Last Name		Birth Date	
Mailing Address		City	State	ZIP Code	Cell Phone No. ( )
Email Address			Fax No. ( )		Work Phone No. ( )
No. Items to be offered (maximum 4)			How did you hear about this event?		
School/Organization (if applicable)					

# Tickets Required: \_\_\_\_\_ (Each Artist will receive two free event tickets. Additional tickets may be purchased for \$10 each. )

#### Instructions for Artwork Submission

1. Submit the ARTIST APPLICATION FORM (both sides), a brief bio (250 words) and exhibit history:
  - Fax: 561-278-6023
  - eMail: Admin@DelrayOasis.com
  - in Person: 250 Royal Ct. Delray Beach, FL 33444
2. Include a photograph for each piece of artwork to be considered.
3. ALL ARTWORK MUST BE FRAMED AND/OR DISPLAY-READY. HEArt Show will not provide frames and/or display materials
4. Professional artists must donate at least one of their four pieces to the event in order to participate at the Professional Level.

#### DEADLINES:

SUBMIT Artist Application Forms by 3:00 pm on **January 18, 2016**

DELIVER display-ready artwork to 250 Royal Ct, Delray Beach 33444 between **January 28 and February 1, 2016**

PICK UP unsold artwork by Saturday, **February 20, 2016**

EARLY APPLICATION IS ENCOURAGED AS SPACE IS LIMITED. It is possible that not all artwork received will be displayed at the event.

#### ARTWORK INFORMATION

Healing Through Expressive Arts c/o Therapeutic Oasis of the Palm Beaches  
250 Royal Ct, Delray Beach, FL 33444  
(561) 278-6033

<b>#1 Title of Donated Artwork:</b>			100 % Donation
Description:			
Artwork Type/Medium:	Suggested Selling Price \$	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?
* Please note – donated piece will be priced at a discount by HEArt Show Director.			

<b>#2 Title of Artwork:</b>			_____ % Donation
Description:			
Artwork Type/Medium:	Suggested Selling Price \$	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?
<b>#3 Title of Artwork:</b>			_____ % Donation
Description:			
Artwork Type/Medium:	Suggested Selling Price \$	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?
<b>#4 Title of Artwork:</b>			_____ % Donation
Description:			
Artwork Type/Medium:	Suggested Selling Price \$	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?

**Please attach any relevant notes and comments relating to artwork.**

**ARTIST AUTHORIZATION:**

I attest that I am the sole creator and sole owner of the artwork described above. I authorize Healing Through Expressive Arts and Therapeutic Oasis of the Palm Beaches to display and sell my artwork at the **HEArt Show on February 5<sup>th</sup>, 2016**. I understand that the money collected will be donated to the 2016 HEArt Show benefitting the Louis and Anne Green Memory and Wellness Center of the Christine E. Lynn College of Nursing at FAU. I agree that any unsold artwork that is not claimed by February 20, 2016 will become the property of Healing Through Expressive Arts and Therapeutic Oasis of the Palm Beaches.

\_\_\_\_\_   
 Artist Signature

\_\_\_\_\_   
 Date