

P R I N T	ARTIST LAST NAME			COMMISSION RATE (CHECK ONE)	
	FIRST NAME			<input type="checkbox"/> 25% NON-MEMBER	
	MAILING ADDRESS				
	CITY	STATE	ZIP		
	PHONE	EMAIL:			

ENTRIES RECORDED IN THE SHOW BINDER BY MAC STAFF: IN AND OUT

R E C E I V E D	ENTRY #1	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> 47 <small>MAC STAFF</small>	PICKED UP BY (PRINT NAME) _____	O U T
	RECEIVED ON ____/____/____ BY _____ (MAC STAFF INITIALS)		SIGNATURE _____ DATE ____/____/17	
			CHECK BOX IF SOLD <input type="checkbox"/> MAC STAFF INITIALS _____	
	ENTRY #2	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> 47 <small>MAC STAFF</small>	PICKED UP BY (PRINT NAME) _____	
	RECEIVED ON ____/____/____ BY _____ (MAC STAFF INITIALS)		SIGNATURE _____ DATE ____/____/17	
			CHECK BOX IF SOLD <input type="checkbox"/> MAC STAFF INITIALS _____	
	ENTRY #3	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> 47 <small>MAC STAFF</small>	PICKED UP BY (PRINT NAME) _____	
	RECEIVED ON ____/____/17 BY _____ (MAC STAFF INITIALS)		SIGNATURE _____ DATE ____/____/17	
			CHECK BOX IF SOLD <input type="checkbox"/> MAC STAFF INITIALS _____	

- This artwork is submitted for 'The Art Of Healing' exhibit at The Seasons Cafe at the King's Daughters' Hospital (KDH), 1373 East State Rd 62, Madison, IN.
 - The Artist gives permission for KDH and the Madison Art Club (MAC) to use images of the artwork for the sole purpose of advertising and promoting the exhibit and the Artist. The Artist retains sole copyright of the artwork.
 - If the selected artwork(s) are sold prior to the close of the exhibit, the MAC will notify the Artist. The Artist agrees to deliver a replacement piece that is similar in appearance, size and price to Art On Main. A new registration form & label is required for the replacement piece.
 - The Artist agrees to pick up their artwork in a timely manner: Artwork selected for 'The Art Of Healing' must be picked up within 14 days of the close of the exhibit. Artwork NOT selected for 'The Art Of Healing' must be picked up within 10 days from the starting date of the exhibit.
 - KDH & MAC do not accept responsibility for any artwork that the Artist has not retrieved within the time period(s) listed above.
 - Neither KDH or MAC offer insurance for artwork on exhibit or loan to the organization. Artists are strongly encouraged to maintain insurance for work exhibited. KDH & MAC will not be held responsible for loss or damage of artwork, though every effort will be made to handle and exhibit the work appropriately.
 - Final decision as to the suitability and scheduling of an art exhibit rests with the KDH Art Review Team; KDH reserves the right to deny participation in the art exhibits.
 - The undersigned agrees that King's Daughters' Hospital (KDH) the Madison Art Club (MAC) bear no responsibility for the artwork that is provided for the exhibits, and assigns, hereby fully, finally, and irrevocably releases and agrees to hold harmless KDH and MAC and its officers, agents, volunteers, employees and assigns, for any and all losses, damages, claims, suits, causes, happenings, and causes of action with respect to the inclusion of any artwork in any exhibit at KDH, and any damage or alleged damage to any artwork caused by, arising out of or related to the inclusion of any artwork in any exhibit at KDH.
 - The Artist agrees to a 25% commission to be deducted by the MAC from the sale price of the artwork (20% for MAC members. Membership in the MAC is \$25 per calendar year). The MAC will remit the net proceeds to the Artist within 30 days of receipt of payment from KDH.
- Signed _____ Date _____ I have received a copy of this document.

CHECK LIST: FILL OUT ALL INFORMATION & SIGN FORM **MAKE (2) COPIES OF THE ENTIRE FORM**
 USE 1 COPY TO CUT OUT & ATTACH LABEL(S) TO BACK OF ARTWORK (MAC WILL PROVIDE 'CONTROL #' FOR LABEL(S))
 BRING 1 COPY TO ART ON MAIN WITH THE ARTWORK FOR MAC STAFF TO ADD CONTROL # AND LOG IN YOUR ENTRIES

ARTIST NAME _____
CITY _____ STATE _____
PHONE _____
TITLE _____
MEDIUM: _____
SIZE: _____ H X _____ W PRICE \$ _____
FIRST 3 LETTERS OF ARTIST'S LAST NAME CONTROL#
ENTRY # 1 <input type="text"/> <input type="text"/> <input type="text"/> - <small>MAC STAFF</small> <input type="text"/> 47

ARTIST NAME _____
CITY _____ STATE _____
PHONE _____
TITLE _____
MEDIUM: _____
SIZE: _____ H X _____ W PRICE \$ _____
FIRST 3 LETTERS OF ARTIST'S LAST NAME CONTROL#
ENTRY # 2 <input type="text"/> <input type="text"/> <input type="text"/> - <small>MAC STAFF</small> <input type="text"/> 47

ARTIST NAME _____
CITY _____ STATE _____
PHONE _____
TITLE _____
MEDIUM: _____
SIZE: _____ H X _____ W PRICE \$ _____
FIRST 3 LETTERS OF ARTIST'S LAST NAME CONTROL#
ENTRY # 3 <input type="text"/> <input type="text"/> <input type="text"/> - <small>MAC STAFF</small> <input type="text"/> 47

- MAKE 1 COPY OF THE ENTIRE PAGE BEFORE CUTTING OUT THE LABELS.**
- BRING 1 COPY OF COMPLETED PAGE WITH ARTWORK.**
- USE 1 COPY OF THE FORM FOR CUTTING OUT LABELS & ATTACHING TO ARTWORK (MAC STAFF WILL PROVIDE CONTROL NUMBER WHEN ARTWORK IS DELIVERED)**

PLEASE TYPE OR PRINT CLEARLY. THIS INFORMATION IS USED FOR ARTWORK LABELS AT SHOW !!

HAND-DELIVER ARTWORK TO: ART ON MAIN, 309 W MAIN ST, MADISON, IN 47250