



Healing Healthcare Environment Committee

**Rotating Art Exhibit
ARTIST APPLICATION**

Name: _____ Date: _____

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell (_____) _____ Other phone (_____) _____

E-Mail: _____ Website: _____

Have you exhibited previously in the Ochsner Rotating Art Exhibit? _____ Yes _____ No

If so, please specify the month/year you previously exhibited your artwork. _____

ARTWORK IMAGES GUIDELINES

1. A minimum of eight (8) digital images (jpeg) that show clear, close-up shots of individual pieces of work.
2. Digital images must be numbered or titled. It is important that you provide descriptions for each artwork image including materials, dimensions, technique and/or any other unique aspects of the work on the designated description section of the application.
3. Digital images must accurately represent the body of the artist's work to be exhibited at Ochsner Rotating Art Exhibit.
4. Artists may mail the application and artwork images to the application return address.

Artwork Image Description

Image 1

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 2

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 3

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 4

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 5

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 6

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 7

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 8

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 9 (optional)

Object of Art _____ Dimensions _____

Materials _____

Process _____

Image 10 (optional)

Object of Art _____ Dimensions _____

Materials _____

Process _____

ARTWORK IMAGE INFORMATION / ARTIST STATEMENT - In twenty words or less, describe your artistic process, techniques and artistic concept. This statement will be read to the arts selection panel.

Please return completed application to:
Ochsner Medical Center
ATTN: Guest & Volunteer Services
1514 Jefferson Hwy
New Orleans, LA 70121

For more information, please call (504) 842-5085 or email
volunteerservices@ochsner.org.