

# Call to Artists:

## *Evening of Art*

at the LEDGEWOOD REHABILITATION & SKILLED NURSING CENTER

87 Herrick Street, Beverly, MA

We invite artists of our surrounding communities to showcase their talents to our patients, residents and the general public. An *Evening of Art* at LedgeWood reinforces the creative endeavors of the patients and residents that are pursued here. The efforts of these achievements can be seen through many avenues: self-esteem, social skills, and quality of life. Our goal is to build upon this experience by inspiring them through artists willing to share their time during this event.

**Exhibit Date:** LedgeWood is hosting an *Evening of Art* on Thursday, October 22, 2009 from 6 p.m. to 9p.m. A wine and cheese artists' reception will be held during this event.

**Exhibit Location:** LedgeWood Rehabilitation & Skilled Nursing Center is located at 87 Herrick Street, Beverly, on the campus of Beverly Hospital. The exhibit will be installed throughout the common areas of the center.

**Work Sought:** All artists are invited to submit up to two (2) works. Works may be in any 2-D medium and include photography, painting, illustration, mixed media, digital and experimental works. WE REGRET THAT WE ARE UNABLE TO ACCOMMODATE 3-D WORKS OR INSTALLATIONS. Entries will be juried electronically. All work **must be wired** for hanging.

**Size Limitations:** 18" x 24" (any direction).

**Eligibility:** Open to all artists in the Salem, Danvers, Marblehead, and North Shore Arts Associations.

**Entry Fee:** None.

**Commission:** Artists retain the full price on works sold.

**Submission Deadline & Process:** Entry deadline is October 9, 2009. Entries will be juried electronically from submitted jpgs. Jurors are Tracy Valletti, BFA, Leisure Program Director at LedgeWood Rehabilitation and Skilled Nursing Center; and Christine O'Brien, Communications Chairperson of the Salem Arts Association. SEE PAGE TWO for submission details.

**Acceptance Notification:** Artists will be notified of accepted works by e-mail Friday, October 16, 2009.

**Artwork Drop-Off:** Artists may drop-off work IN PERSON Wednesday, October 21, 2009 from 9 a.m. to 3 p.m.

**Pick-Up of Unsold Work:** Thursday, October 22 from 9 p.m. to 10 p.m. (after the exhibit) OR Friday, October 23 from 9 a.m. to 5 p.m. at LedgeWood. IN PERSON PICK-UP ONLY. No works will be mailed. All work MUST be picked up! LedgeWood is not responsible for work damaged, lost, or stolen, after the pick-up date.

**Insurance:** Artists' must provide their own insurance if they wish coverage.

**Publicity:** An *Evening of Art* at LedgeWood will be publicized by the facility's Marketing Director, Leisure Program Director and overall staff. A news release will be created and sent by the Marketing Director to all local news-

paper outlets, Chambers of Commerce, radio and cable television stations. Invitations will be created and sent to Ledgewood's network of families and referral sources, inviting them to attend the event. In addition, a promotional flyer will be created and posted throughout Ledgewood as well as area senior centers, libraries and other appropriate community venues. A promotional blurb about the event will be placed on the Northeast Health System Internet and Intranet sites. The promotional flyer will also be shared with our Northeast Health System affiliates.

### Exhibition Timeline

Friday, October 9 - Deadline for electronic submission

Friday, October 16 - Acceptance notification by e-mail

Wednesday, October 21, 2009 - Artwork Drop-Off 9 a.m. to 3 p.m.

Thursday, October 22 - Exhibit and Artists' Reception 6 p.m. to 9 p.m.

Friday, October 23 - Deadline to pick up work, 9 a.m. to 5 p.m.

### Submission Instructions

E-mail up to 2 images in .jpg format as attachments to Tracy.Valletti@kindredhealthcare.org

Each image should be 1000 pixels on long side and 72 dpi. Title each file with your three initials and title of image. (CMO - ROCKPORT\_WINDOW.JPG). In the body of the e-mail - IN THIS ORDER - list the following:

Artist First Name, Last Name	Artwork One Title	Artwork Two Title
Street Address	Artwork One Medium	Artwork Two Medium
City, ST Zip	Artwork One dimensions	Artwork Two dimensions
Three Initials	Artwork One Retail Price	Artwork Two Retail Price
E-mail	Artwork One Value if Not for Sale	Artwork Two Value if Not for Sale
Phone # /Alternate Phone #		

### Checklist:

If accepted into the show, label the back of each accepted piece with artwork tags provided below

Please initial the following statement:

I have read this call completely, and agree with the terms \_\_\_\_\_

Drop-off labeled artwork and Artist Statement IN-PERSON during hours noted

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**Artwork 1 Tag**

Artist \_\_\_\_\_

Title \_\_\_\_\_

Medium \_\_\_\_\_

Dimensions \_\_\_\_\_

Price \_\_\_\_\_ Value if NFS \_\_\_\_\_

**Artwork 2 Tag**

Artist \_\_\_\_\_

Title \_\_\_\_\_

Medium \_\_\_\_\_

Dimensions \_\_\_\_\_

Price \_\_\_\_\_ Value if NFS \_\_\_\_\_