

# The ARTery

## Artist's Submission Form

### A. Artist's Information

Name	
Contact Information	email:
	Phone:
Please check applicable box: <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Staff	
Please check applicable box for affiliation: <input type="checkbox"/> Faculty of Medicine <input type="checkbox"/> School of Nursing <input type="checkbox"/> School of Pharmacy <input type="checkbox"/> Eastern Health (Health Sciences Centre location)	

### B. Item Description

Title	Medium	Dimensions	Year Completed	Edition Number

Please check:

- I understand neither MUN nor the Health Sciences Library is responsible for any damage or theft of displayed artwork.
- I understand that I retain copyright of my art.
- I certify that I am the artist of the submitted work.
- I have signed the Artist's Waiver for Exhibition of Original Artwork in HSL.
- I authorise The ARTery Team to use my contact information for contacting me, and for no other reason; it may not be disclosed without my further consent.

**I, \_\_\_\_\_, authorise The ARTery Team to disclose my name, my affiliation with the university, and the title of my artwork and its description by my artwork; my contact information will not be disclosed, but be used only by The ARTery Team to contact me.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of The ARTery Team

\_\_\_\_\_  
Date

NOTE: Artwork submissions with incomplete forms may not be accepted.

**Artwork returned to Artist, please sign and date:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of The ARTery Team

\_\_\_\_\_  
Date

The information on this form is collected under the authority of the Memorial University ACT (RSNL 1990, Chapter M-7) for the purpose of registering patrons, who are submitting original artwork to the Health Sciences Library, Faculty of Medicine. The information will be used for crediting the artist and for members of The ARTery Team to contact the artist. If you have any questions about the collection and use of this information, please contact the Health Sciences Library ARTery Team at 864-6070 or [flemingl@mun.ca](mailto:flemingl@mun.ca).