

SCHIZOPHRENIA AWARENESS WEEK 2010
ART EXHIBITION
16 - 22 MAY 2010

This form is to be completed by all artists entering artwork into the Schizophrenia Awareness Week Art Exhibition. All parts of the form are to be completed so that information is correct when displaying art at the exhibition. Please ensure that the form is signed before lodgement.

NAME OF ARTIST PHONE

ADDRESS

..... POSTCODE

ART GROUP (if applicable)

TYPES OF WORK (Tick appropriate box)

- Painting
 Photography
 Framed Poetry

List Your Artwork here.

NB: There is a limit to the amount of work an artist can submit for the Exhibition due to limited exhibition space.

To be completed by Artist				Office Use Only		
Name of Artwork	Medium	Approx Size	Price	Cat No	Entered Database	Other

Please Note

1. **There is a limit to the amount of work an artist can submit for the Exhibition.** Three (3) large pieces or four (4) medium pieces or eight (8) small pieces will be accepted. Small pieces are those of A4 size or smaller. Medium pieces are those of B3 size. **Anything larger than B3 size is large. Maximum total exhibition size is not to exceed 1.5 metres per person.**

***Every effort will be made to display all artwork during the exhibition. However, should circumstances arise including limited space, efforts will be made to display a selection of each artist exhibiting.

2. The artists will retain all financial proceeds from sold artwork.

3. GST if payable, is your responsibility (please ensure you complete the enclosed tax form and forward it to us with your art lodgement form).

4 Artwork to be delivered to the MIFSA Wayville Activity Centre between the

20th April to 30th April at the following times :

DAY	TIMES
TUESDAY	10 am – 4 pm
WEDNESDAY	10 am – 4 pm
THURSDAY	10 am – 4 pm
FRIDAY	10 am – 4 pm

*** If using couriers, please advise them that these are the only times that they can deliver.**

This Lodgement form and the Statement by a Supplier must be completed and signed before art can be displayed at the Exhibition.

I have read and accept the Conditions of Entry. I understand that the Mental Illness Fellowship South Australia (MIFSA) will take due care for all art submitted, however no responsibility will be taken for loss, theft or damage whilst in possession/care of MIFSA.

Name

Signature.....

Date.....

FORMS TO BE RETURNED TO: Mental Illness Fellowship South Australia,
PO Box 310, Marleston SA 5033
By 30 APRIL 2010

ART WORK TO BE DELIVERED TO: Mental Illness Fellowship South Australia
5 Cooke Tce., Wayville