



Parkinson's Art Exhibition – Submission Form

Parkinson Society British Columbia (PSBC) has rented *the Moat* gallery space at the Vancouver Public Library's West Georgia branch from August 1st to August 31st, 2018. During this period, art created by residents of BC who live with Parkinson's disease, or family/carepartners of those living with the condition, will be displayed. The exhibit will be unsupervised, and accessible to the public from 6:00am – 10:00pm Monday through Saturday and from 8:00am – 7:00pm on Sundays. By completing this form, you acknowledge that your submission meets the criteria outlined below. **Please check each box to acknowledge that you have read and understand the following points.**

- Submissions will be accepted until 4:00pm on Friday, June 1st, 2018.** Art may be submitted as either scanned images via email or as prints via regular post.
- Art must be original work by local (BC) artists (that is, not copies of work by other visual artists).
- Art work will not be returned to the artist. For this reason, PSBC recommends providing the Society with high quality reproductions or prints.
- Due to space constraints, the gallery may only display two-dimensional, framed, visual art (examples: photographs, paintings, drawings, sketches).
- Informational displays and works that include advertisements will not be accepted.
- Works that are irreplaceable or highly valued should not be submitted.
- All text must be translated into English.
- Art work will be subject to a short review process by both Parkinson Society BC and the Vancouver Public Library's Chief Librarian. Due to space constraints, there is a chance that not all artwork submitted will be exhibited. Erotic art or art with sensitive subject matter will not be exhibited.

Please fill out the following information so PSBC can credit you appropriately and contact you if needed. Please note that only individuals' whose art will be displayed will be contacted. Successful artists will be notified by July 15th, 2018.

I am a: person with Parkinson's carepartner/caregiver
 family member of a person with Parkinson's

Salutation: _____ First Name: _____ Last Name: _____

Mailing Address: _____

Town/City: _____ Province*: _____

Postal code: _____ Phone number: _____

Email address: _____

I HAVE READ THE ABOVE AND ACCEPT THE CONDITIONS STATED

Artist's signature: _____ Print Name: _____

Date: _____

*If you currently reside outside of the province of BC, please explain your connection to British Columbia or prior contact with PSBC via mailed letter or email.