

IDAHO STATE UNIVERSITY STUDENT UNIONS AND INVOLVEMENT
JURIED ART EXHIBIT PROSPECTUS
TRANSITION & MIND'S EYE GALLERIES
GALLERY POLICY

A. PRIORITY OF EXHIBITIONS

1. Student Activities Board (SAB)/ISU Student Union programs, exhibits, and competitions.
2. Current Idaho State University students
3. Current Idaho State University faculty and staff
4. Idaho State University Alumni
5. Community members or other individuals unrelated to Idaho State University

B. FREQUENCY OF EXHIBITIONS

1. Individuals may exhibit once an academic year in addition to one joint exhibit per academic year.

C. EXHIBIT SCHEDULING

1. Maximum four weeks (with the exception of Student Activities Board or Student Union exhibits or by special arrangement).
2. Length will be determined at the discretion of the Gallery Committee.

D. JURYING

Jurying will be from CD digital images. Each artist must submit a minimum of 8 images. All images must be in jpeg format.

The images on the CD should be labeled on a separate sheet as follows:

artist's name, title, medium, and size in the same order as on the CD

Please send complete application and CD with image list to:

Idaho State University Involvement Center • 921 S. 8th Ave. • Stop 8118 • Pocatello, Idaho 83209-8118

E. SECURITY DEPOSIT

1. There is a non-refundable security deposit of \$100 for non-ISU affiliates.

F. HANGING EXHIBITIONS

1. Approved exhibitors should note that they are solely responsible for hanging their own show and finding additional people to help hang the show if necessary.

G. DISPLAY REQUIREMENTS

Pictures and fiber art must be gallery ready and wired for hanging. Sculpture must stand alone and be secure. Supply hardware for hung sculptures. Brace pieces over 18"x24". The artist is responsible for the stability of the artwork. Work inadequately prepared for display will not be accepted. Final acceptance of large-scale work is contingent upon available gallery space.

• **PLEASE NOTE:** All artwork shipped UPS, Federal Express or any mail carrier must be accompanied by a pre-paid return form the original carrier only, or it cannot be accepted. No checks or cash accepted for return mailing.

H. The Idaho State University Student Union reserves the right to review and screen, prior to opening, any exhibition or part thereof that may be deemed inappropriate for public display. The Artist(s) agrees that the judgment of the staff in this regard is final and further agrees not to contest of appeal such judgment.

I. AFTER SUCCESSFUL APPROVAL FOR AN EXHIBITION

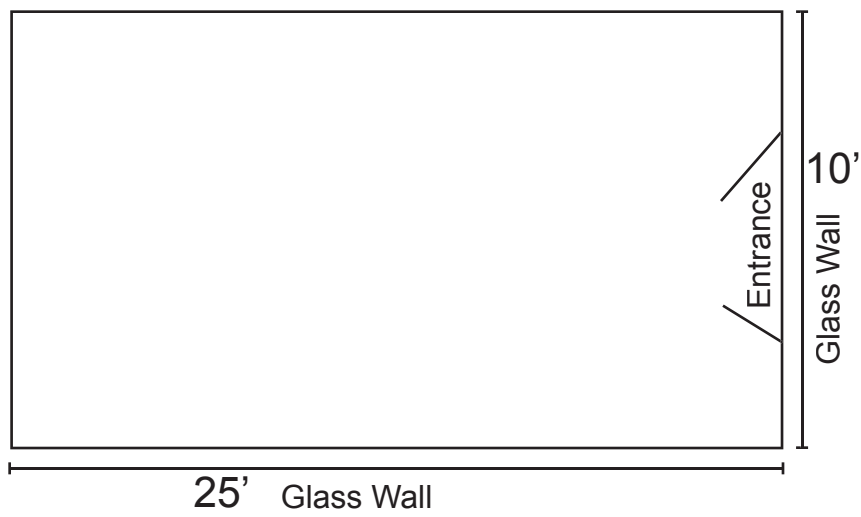
1. The approved exhibitor must schedule an appointment with the Gallery Coordinator to review the ISU Student Union Art Gallery Exhibitors Agreement and any additional information.

208-282-3451

TRANSITION GALLERY



MIND'S EYE GALLERY





IDAHO STATE UNIVERSITY
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(print or type)

NAME OF ARTIST OR ORGANIZATION _____

PERSON (S) MAKING REQUEST _____

ADDRESS _____ CITY _____ ZIP _____

MAIN PHONE (_____) SECOND PHONE (_____)

EMAIL _____

STATUS: ISU STUDENT ISU FACULTY/STAFF ISU ALUMNI
 OTHER (SPECIFY) _____

HAVE YOU EXHIBITED YOUR WORKS BEFORE? YES NO

If yes, when and where? _____

NUMBER OF WORKS TO BE EXHIBITED: _____

GALLERY AREA(S) YOU WISH TO RESERVE: Transition Gallery Mind's Eye Gallery

MONTH(S) YOU WOULD LIKE TO SHOW:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Type of Exhibition Please specify media _____

Briefly describe the overall objective of your show (i.e. purpose, theme, concept) _____

Any unusual requests for your exhibition (equipment, content) _____

I have read the ISU Student Union Gallery application packet. Should I be selected as an exhibitor, I understand the opportunities and responsibilities of exhibiting in the ISU Student Union Art Galleries.

By entering this exhibition proposal I agree to the conditions of the ISU Student Union Galleries and consent to the reproduction of my images, artist statement and resume for publicity purposes. I hereby certify that this work is original and done without assistance of any kind, and will be available for display if selected by the gallery committee.

If I sign below on behalf of an organization or group, I understand that the Gallery supervisor will consider me as the contact person.

PRINTED NAME _____

SIGNATURE _____ DATE _____

ADDITIONAL PERSONS _____

SIGNATURE _____ DATE _____

(IF JOINT OR GROUP EXHIBITION)