



Miami Beach Community Health Center presents

THROUGH THE EYES OF LOVE

"Interconnectedness" by Barry Gross

CALL TO ARTISTS FOR WORLD AIDS DAY ART EXHIBITION



Miami Beach Community Health Center, a not-for-profit health care network for Miami-Dade County residents, invites artists to show the depth of their thoughts and feelings as it relates to HIV/AIDS. Paintings, sculptures and photographs will depict how this disease has changed the lives of so many around the world. This juried exhibition, held in conjunction with ArtCenter South Florida, will be shown in Miami during World AIDS Day on December 1 through December 20, 2009.

Submission deadline November 3, 2009.

Details at www.miamibeachhealth.org or call 954-730-7730.

CLICK HERE TO SUBMIT

The Miami Herald

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SUBMISSION DETAILS

PROJECT DESCRIPTION

Miami Beach Community Health Center invites artists to submit their artistic expression of HIV/AIDS during this juried exhibition held during World AIDS Day. Selected art pieces including paintings, photographs, sculptures and fashion designs will be on exhibit in Miami Beach. It is anticipated that many art enthusiasts will enjoy this special exhibit. Artists will enjoy much recognition to a diverse audience.

ELIGIBILITY

Miami Beach Community Health Center's *Through the Eyes of Love* is a juried art exhibit open to all artists and photographers and is not limited to those residing in South Florida. Judging will be based on artistic merit, theme appropriateness and diversity.

MEDIA FOR GALLERY SHOW

This unique exhibit will focus on the artists' interpretation of HIV/AIDS. Artwork of any media will be accepted and encouraged. The exhibit committee has final acceptance of content. Final selection for the exhibits will be based upon space availability.

SUBMISSION REQUIREMENTS

- Artists may enter up to three pieces that express their interpretation of HIV/AIDS. A submission image of each work is required for selection purposes.
- If selected, 2D artwork must be wired for hanging and may not exceed 60" wide x 60" tall. Photography must be professionally framed. Sculptures to not exceed 10' tall.

Please submit a hi-resolution jpeg, tiff or eps file, no larger than 5MB, at www.miamibeachhealth.org. Please be sure to complete a submission application for each piece of art submitted. You can also mail or drop off materials at 701 W. Cypress Creek Road, Suite 204, Fort Lauderdale, FL 33309 no later than Tuesday, November 3, 2009, at 5 pm:

To submit by mail:
Send image of work to be considered with size and medium to be noted on CD or DVD or actual photo with minimum size 4"x6", not to exceed 8"x10" for review.

Mail to:
MBCHC Through the Eyes of Love
c/o Bitner Goodman
701 W. Cypress Creek Road, #204
Fort Lauderdale, FL 33309

SELECTION

An exhibit committee will review and select all works to be displayed. This community project is in collaboration with respected arts organization, ArtCenter/South Florida. Selected artists will be notified no later than Friday, November 6, 2009, and be asked to submit the actual works during intake on Tuesday, November 24, 2009, from 3-6 pm in Miami Beach.

*Times subject to change.

AWARDS

Ribbons and cash prizes will be presented as follows:

Best in Show (\$350)
1st Place (\$250)
2nd Place (\$150)
3rd Place (\$100)

PRESS IMAGES

Participants may also email up to three images (300 DPI) of the artwork they plan to enter into the show to ashley@bitnergoodman.com. Images may be selected to be printed for promotional purposes. By submitting these images, the artist acknowledges that the images will be used for publicity.

DONATION OF ART

Art will not be for sale during the exhibit; however we request that artists donate their works of art to be auctioned, at a later date, in support of the MBCHC HIV/AIDS program.

IMPORTANT DATES/TIMES:

Submission Deadline:
Tuesday, November 3, 2009

Intake for Selected Works:
Tuesday, November 24, 2009
3-6 pm Miami

Pickup Date:
Monday, December 21, 2009
4-7 pm

Opening Reception:
Monday, November 30, 2009
6-8 pm

Exhibition Run Dates and Locations:
Tuesday, December 1 through Sunday,
December 20, 2009, in Miami Beach

FOR MORE INFO

Please call 954-730-7730, Monday through Friday, 9 am to 5 pm, for any additional information.



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SUBMISSION APPLICATION

Date:

Artist Name:

Street Address:

City State Zip:

Phone: Fax:

E-mail:

Title of Artwork:

Media:

Year:

Dimensions:

Description:

This form is required for EACH piece to be submitted.

Miami Beach Community Health Center, the participating arts organizations, sponsors and venues are not responsible for lost, stolen or damaged art. It is recommended that you insure your work in the event of any unfortunate circumstance.

Return completed application with photos to 701 W. Cypress Creek Road, #204, Fort Lauderdale, FL 33309

Attn: MBCHC *Through the Eyes of Love*



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INTAKE ENTRY TAGS (please provide with your artwork)

Entry#1 **Artist Name** _____ **Phone** _____

Title _____

Medium _____

For Sale _____ **Not for Sale** _____

Entry#2 **Artist Name** _____ **Phone** _____

Title _____

Medium _____

For Sale _____ **Not for Sale** _____

Entry#3 **Artist Name** _____ **Phone** _____

Title _____

Medium _____

For Sale _____ **Not for Sale** _____