Application Form:

Samaritan Healthcare - Moses Lake

Please write "Samaritan Healthcare - Moses Lake " on the submittal envelope. Incomplete or ineligible applications will be returned without jury review.

Mail submissions to: **Samaritan Healthcare - Moses Lake**
Attn: Chris Newstead
Tela Art Resource
15030 NE 95th St
Redmond WA 98052

Or email submissions: cnewstead@telaart.com

Name	
Address 1	
Address 2	
City/State/Zip	
Phone (Day)	Phone (Evening)
E-mail	

Checklist:	**For office use only:**
❑ This application form	
❑ Photographs/Images of works	
❑ Listing of works, with appx size and pricing	
❑ Resume	
❑ Artist Statement	
❑ Willing to do commissioned work? ❑ Yes ❑ No	

For office use only:

Opened by	Date
Entered into database	Date