“Art of Dentistry” Art Exhibition
Official Rules and Regulations

What is the Art of Dentistry?
An art contest open to all types of art. The contest is exclusively for MDA members and their dental teams.
Art is displayed at the Star of the North in the RiverCentre where all of the programming takes place. Prizes are awarded to the top three pieces through attendee voting.

What You Must Do To Enter?
1. Complete this entry form. The deadline to submit an application and artwork is April 21, 2017.
2. Mail or fax your entry form to the MDA office (fax is 612-767-8500). You should receive a confirmation of your application within two days.
3. Upon receiving confirmation, prepare your piece(s): mount any photographs, chalk drawings, paintings, etc. on white mat board. Up to 16” x 20” (mounted) artwork will be accepted. No frames or glass will be accepted for artwork that is to be hung. Your hanging art work will be attached with Velcro to a cloth upright panel so pieces too heavy may need additional support.
4. Complete and affix one information label to the back of each piece. (Information labels will be sent with a confirmation after your application is received at the MDA).
5. Drop off or mail your artwork to arrive at the MDA Office by the deadline date.
6. All artists submitting entries must be registered to attend the 2017 Star of the North Meeting.
7. All art must be new to the Art of Dentistry contest and must be created by the person submitting it.
8. Reclaim your artwork(s) at the end of the meeting on Saturday (2:30 PM) at the Information Center in the Kellogg Lobby, or provide a stamped, self-addressed mailer with your entry. Artwork not claimed, or not submitted with a self-addressed, stamped mailer, become the property of the Star of the North Meeting.

What the Star of the North Meeting will do?
1. Confirm receipt of your entry.
2. Prepare title cards based on your entry form.
3. Pre-print ballots and list photos on meeting app so that attendees may cast their vote for the People’s Choice.
4. Display your artwork with title card on Thursday, Friday and Saturday of the meeting and allow for attendee voting for “People’s Choice”.
5. Award “People’s Choice” to the photo receiving the most attendee votes.
6. Make photos available to photographers at the end of the meeting on Saturday for pick-up.
7. Return photos by mail to photographers who submit stamped, self-addressed mailers with their photographs.

Limits of Liability
1. All artists must be registered to attend the 2017 Star of the North Meeting.
2. Art submitted must be original to the Art of Dentistry contest and be personally created by the person submitting it.
3. Limit of five pieces per applicant.
4. Art will be displayed at the meeting by Velcro on display panels or on a draped table.
5. Participation is limited to the first 50 pieces.
6. The Star of the North Meeting will make every effort to keep your art safe and secure. Star of the North, the Scientific Session Committee, and the Saint Paul RiverCentre are not responsible for lost, stolen or damaged art.
7. All contestants, by virtue of participation in this event, hereby permit the Star of the North Meeting and/or the Minnesota Dental Association to display submitted works in reproductions or print or electronic publications, as the MDA deems appropriate.
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Limit of 5 pieces per applicant. Exhibition limited to the first 50 works submitted.

Artist’s Name (for title card): ____________________________________________________________

Address: __________________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Telephone: _______________________________ E-Mail ________________________________________

I will submit: __________ photo(s). Limit of 5 works per applicant.

Piece/Photo #1

Title: ______________________________________________________________________________

Piece/Photo #2

Title: ______________________________________________________________________________

Piece/Photo #3

Title: ______________________________________________________________________________

Piece/Photo #4

Title: ______________________________________________________________________________

Piece/Photo #5

Title: ______________________________________________________________________________

I have read these rules and agree to abide by them.

Signature of applicant: ________________________________________________________________

Please submit by mail, fax or e-mail to:
“Art of Dentistry” Art Exhibition
Minnesota Dental Association
1335 Industrial Blvd, #200
Minneapolis, MN  55413-4801
FAX: 612-767-8500
E-Mail: ifomasina@mndental.org