

Exhibition Application

Primary Applicant Name		
Address		
City	State	Zip Code
Primary Phone	Alt Phone	
Email Address		
Additional Applicant Name		
Primary Phone	Alt Phone	
Email Address		
Status: Student Facu	lty/Sta Alumni (Other
Proposed date of exhibition		
Approximate number of pieces	to be exhibited	
Media (photography, painting, o	eramic, mixed media, etc.) _	
Briefly describe the overall obje	ctive of your exhibit (i.e., purp	pose, theme, concept, etc.)
Any unusual requests for your e	xhibition (equipment, conter	nt, facility, etc.)
Can you provide photographs of	your art? Yes No	
The Rhatigan Student Center re images in higher resolution jpg		ur images for marketing your exhibit on our website. Please provide
Printed Name	Signatu	
		ways installation Forms may be smalled to Codmon@wishite adu

Applications should be returned at least <u>four weeks before your installation</u>. Forms may be emailed to: Cadman@wichita.edu or delivered to:

Maria Ciski Event services Rhatigan Student Center Room 234 316-978-3475

O ce Hours:

Monday - Friday 8 am to 5 pm