

## **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 Faculty Proposed date of exhibition	<u> </u>			
Approximate number of pieces to				
Media (photography, painting, cer				
Briefly describe the overall objecti				
Any unusual requests for your exh	nibition (equipment, content, t	facility, etc.)		
Can you provide photographs of you	our art? Yes No			
The Rhatigan Student Center requirences in higher resolution jpg or		mages for marketing yo	ur exhibit on our website.  I	Please provide
Printed Name	Signature		 Date	
Applications should be returned a or delivered to:	t least <i>four weeks before you</i>	<b>r installation</b> . Forms m	ay be emailed to: Cadman@	@wichita.edu
Maria Ciski Event services Rhatigan Student Center Room 234 316-978-3475				
Office Hours:				

Monday - Friday 8 am to 5 pm