

Exhibition Application

Primary Applicant Name	9				
Address					
				Zip Code	
Primary Phone	A	It Phone			
Email Address					
Additional Applicant Na	me				
Primary Phone	A	It Phone			
Email Address					
Status: Student	Faculty/Sta	Alumni	Other		
Proposed date of exhibit	tion				
Approximate number of	pieces to be exhibit	ed			
Media (photography, pai	inting, ceramic, mixe	ed media, etc	i.)		
Briefly describe the over	all objective of your	exhibit (i.e.,	purpose,	theme, concept, etc.)	
Any unusual requests fo	r your exhibition (ed	quipment, co	ntent, fac	:IIIty, etc.)	
Can you provide photogr	aphs of your art?	Yes	No		
The Rhatigan Student C images in higher resolut		nission to use	your ima	nges for marketing your exh	ibit on our website. Please provide
Printed Name		Sigr	nature		
According to the control of the con-				and all all and Engineering	and the data of the control of the c

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