



Lawrence Arts Center Exhibition Proposal Form

Name: _____ Date: __/__/____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

List of all participants (include email address):

Check List:

<input type="checkbox"/>	Proposal Form
<input type="checkbox"/>	Written Proposal
<input type="checkbox"/>	resume (all participants)
<input type="checkbox"/>	CD of images
<input type="checkbox"/>	image list
<input type="checkbox"/>	SASE

Mail submissions to:

Lawrence Arts Center
Exhibition Proposal
940 New Hampshire St.
Lawrence, KS 66044