

**Art in the Library
Registration Form**

Date: _____ Visiting Artist___ Student___ Faculty ___ Staff ___

Name _____

Phone _____ E-mail _____

Address _____

Exhibition Title:

Description: (medium, number, approximate size of works)

Exhibition Dates: Opening: _____ Closing: _____

Set-Up Date: _____ **Take-down Date:** _____

Submit this form with a sample digital image of the work to be exhibited, at least one month before the opening date to:

Mellie Kerins, Art in the Library Committee Chair, 706-667-4912, mkerins@aug.edu, or
Reese Library
Augusta State University
2500 Walton Way
Augusta, GA 30904

I have read and agree to comply with the “Art in the Library Guidelines” on the website at <http://www.aug.edu/~liboutwww/> to be set up

Signed: _____

Biographical Sketch

Educational background, exhibition experience, current activities and work
(one paragraph, for publicity purposes)

Artist Statement

Regarding this exhibition (one paragraph, for publicity)

