

## The Gallery at Bryan Medical Center Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_ WEB PAGE: \_\_\_\_\_

MEDIA: \_\_\_\_\_

I certify by my signature that I am 18 years of age or older.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please include the following with this application form:

Six sample images of artwork that exemplify the work  
you would showcase in the Bryan Gallery.

The Bryan Art Committee will review your submitted application and  
contact you within 30 days as to whether you have been accepted.