



EAST TENNESSEE STATE
UNIVERSITY

Office of
Professional Development

1st Annual “Breaking the Silence” Survivors’ Art Show

Name: (As you would like it printed in the program): _____
(You may also remain anonymous.)

Individual Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____

About Your Entry:

Medium: _____ **Visual Type** (painting, sculpture, drawing, etc.): _____

_____ **Performance-Type** (song, spoken word, etc.) _____

_____ **Writing** (drama, poetry, narrative, etc.) _____

Item Description/Personal Comments:

Display Rules:

1. Entries must be ready to hang (frames, hooks, wires, and so forth installed).
2. Two labels must be provided, one placed on back of piece and one for front of display. Labels should include **title of artwork**, **artist’s name** (or “Anonymous”), and **price of work** if you wish to sell.
3. Pieces should be checked in at the **Willow Tree Gallery, 216 E. Main St., Johnson City**, between **1:00 p.m. and 4:00 p.m. on August 1-2, 2017**.
4. Entry fee will be **\$10 for 1st piece and \$5 for each successive piece**; all fees collected will go to the scholarship fund to enable students to attend the conference free of charge.

The Advisory Board and staff of Escape from Rape: A Cultural Change would like to thank you for sharing your art work as part of the 1st Annual Survivors’ Art Show. By exhibiting your work, you are bringing awareness of the issue of sexual assault to the community and opening conversations that can lead to the healing of others. We thank you for your courage and willingness to share.

ETSU Office of Professional Development
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