

BALTICON ART SHOW / PRINT SHOP REGISTRATION FORM

THE DEADLINE FOR RESERVATIONS IS: MAY 3, 2003

(Dear Artist, please print or type the information below, we may not be able to read your handwriting)

Artist Name _____	Phone (H) _____
Home Address _____	Phone (W) _____
_____	Fax _____
City, State _____	Email _____
Zip, Country _____	Web _____

What name (or abbreviation, pen name, alias, trade name)
do you put on your artwork and/or bid sheets? _____

I will bring/remove my artwork to/from Balticon and handle it at con myself.

An (agent) (carrier) will (bring my artwork to) (remove my artwork from) Balticon.

I will fill out and sign the authorization on the reverse side of the Art Show Control Sheet.

Agent / Carrier Name(s) _____

ART SHOW RESERVATION REQUEST

There is a limit of one (1) panel or one (1) table or a combination of panel and table space equal to one (1).

Panels are 4' high by 6' wide,
and are available as follows:

1/3 (4' x 2') @ \$10 _____

2/3 (4' x 4') @ \$15 _____

Full (4' x 6') @ \$20 _____

Tables are 6' long by 15" deep,
and are available as follows:

1/4 (1.5' x 15") @ \$6 _____

1/2 (3' x 15") @ \$9 _____

3/4 (4.5' x 15") @ \$12 _____

Full (6' x 15") @ \$15 _____

Plexiglas shelves are 4' long by 12"
deep, and are available as follows:

Please call about shelf space.

1/2 (2' x 12") @ \$4 _____

Full (4' x 12") @ \$6 _____

_____ Panel @ \$ _____ + _____ Table @ \$ _____ + _____ Shelf @ \$ _____ Total: \$ _____

List any special requirements on the line(s) below: (next to, electric power, extra lights, special hangings, etc.)

PRINT SHOP RESERVATION REQUEST

You may have a maximum of 6 different prints, with a minimum of 3 and a maximum of 10 of each different print.

Please reserve space for _____ prints, _____ total prints @ \$.50 each: * Total: \$ _____

(# OF DISPLAY PRINTS)

(# OF TOTAL PRINTS)

* If you are not sure how many prints you will have, the print shop fee will be collected at print shop check-in.

Please estimate the square footage needed to hang your display prints: _____

ART SHOW / PRINT SHOP SHIPPING

I want to ship my artwork to/from Balticon but I (or my agent) will handle it at con.

I have enclosed the estimated return shipping fee: \$ _____

ART SHOW / PRINT SHOP MAIL-IN

I want to mail-in my artwork and have Balticon handle it at con.

I agree to pay the handling fee of \$5.00 \$ 5.00

and have enclosed the estimated return shipping fee: \$ _____

* Total: \$ _____

* These fees must accompany the mail-in art.

(Please fill out the authorization on the control sheet authorizing the **Balticon Art Show** to handle your artwork)

METHOD OF PAYMENT

Check or money order enclosed (made payable to: Balticon Art Show) for: Total: \$ _____

Charge to my: VISA MasterCard Exp. Date /

Card No:

Signature: _____ (for credit card) Date: _____

Name as it appears on the credit card: (please print): _____

ACCEPTANCE SIGNATURE

I have received and read the Balticon Art Show Rules and Agree to Abide by Them:

Signature of Artist: _____ Date: _____

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