

Capricon 29 Art Show Registration

Artist Number

ARTIST _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

MAKE CHECK PAYABLE TO _____

If you are having an agent represent you at the Art Show, please fill out the following:

AGENT _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

My agent is authorized to:

	Yes	No
Hang my art		
Take away my unsold art		
Negotiate with buyers		
Collect my check (if no, your check will be mailed)		

Signed _____

Number of pieces less than \$100 Art Show _____

x \$0.50 per piece = _____

Number of pieces > \$100 or NFS Art Show _____

x \$1.00 per piece = _____

Hanging fees due _____ Collected _____ (staff initial)

Number of pieces entered into Print Shop _____

Mail In? Y / N Return Ship (circle one) Parcel Post Priority UPS ground FedEx

Return Postage Enclosed \$ _____ Insure for \$ _____

(GREY AREAS FOR ART SHOW STAFF USE ONLY)

