

ORYCON 39

November 17 – 19, 2017

ART SHOW ARTIST REGISTRATION FORM

Artist Name: _____ E-Mail: _____

Address : _____ City & State: _____

Website: _____ Zip Code: _____

Phone: _____ Best Time to Call: _____

Status: Amateur Professional Make checks payable to: _____

My art will arrive: with me; my agent; via USPS; via Fed-Ex; via UPS

Please return artwork: to me; my agent; via USPS; via Fed-Ex; via UPS

I would like to reserve the following: (**maximum total of 4 panel and/or table units per artist**):

_____ panels (4' x 4') at \$15.00/each, totaling: \$ _____

_____ table units (4' x 2 1/2') at \$15.00/each, totaling: \$ _____

Print shop: \$10.00 (maximum of 25 pieces / artist) \$ _____

Mail-in handling fee of \$20.00 \$ _____

I would like to purchase OryCon 39 Membership: \$ _____

– \$55.00 until July 31, 2017

– \$65.00 until November 5, 2017

Total enclosed for art show reservations, handling, & memberships: \$ _____

Please make checks payable to OryCon 39. Please do not send cash.

Please check all appropriate items, & attach additional sheets if necessary.

I have special display needs (e.g. electricity, floor space). **Please specify.**

I would like to have my e-mail website posted on the OryCon 39 Art Show website.

I will allow credited press photography of my artwork (**no photos without your permission**).

I will allow the OryCon 39 Art Show to give my address to buyers requesting it at Art Show.

I would like to help with the Art Show during the convention.

I will be bringing display cases for my 3-dimensional artwork and/or jewelry (**highly encouraged**).

I am interested in participating in art-related programming panels, workshops, & demonstrations.

Please return this form, along with appropriate payment to:

OryCon 39 Art Show

REMINDER: THIS RESERVATION FORM WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY A SIGNED & DATED ARTIST RELEASE & WAIVER FORM.

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AGENT INFORMATION

If you are sending your work with an agent or represent an artist who is not attending, please include the following information *along with* the above Reservation Form & the **signed** Artist Release & Waiver.

Artist Name: _____

Agent Name: _____

Address : _____

Website: _____

Phone: _____

E-Mail: _____

City & State: _____

Zip Code: _____

Best Time to Call: _____