

Boskone 44 Art Show Entry Form

c/o NESFA, P. O. Box 809, Framingham, MA 01701 – FAX: 617-776-3243 – email: artshow@boskone.org

I have read and agree to abide by the rules enclosed with this entry form. Date (M/D/Y): ___/___/___

Artist or Authorized Signature (required) _____

Artist name _____ Agent name _____

& address _____ & address _____

(required) _____ (if any) _____

Telephone _____ Telephone _____

Electronic mail _____ Electronic mail _____

My art will arrive at the show with me, with my agent, other: _____

Return artwork to me, or my agent. Return it in person, or by other means: _____

Check here if all communication should be via your agent.

Check here if we should *not* send confirmations and other notifications by electronic mail only.

Check here if you can *not* conveniently print your own bid sheets from a PDF on our website.

Check here if you would like to be notified about future shows *only* by electronic mail.

<i>Panel Space</i>	<i>Table Space</i>	<i>Print Shop</i>
___ 3 @ \$132 \$	___ 1 @ \$44 \$	Item Overall Size # Copies
___ 2 @ \$88 \$	___ ½ @ \$22 \$	(1) ___" x ___" ___ (1-10)
___ 1 @ \$44 \$	___ ¼ @ \$11	(2) ___" x ___" ___ (1-10)
___ ½ @ \$22		(3) ___" x ___" ___ (1-10)
___ ¼ @ \$11	§ <i>Returning artists only, please.</i>	(4) ___" x ___" ___ (1-10)
		(5) ___" x ___" ___ (1-10)
		(6) ___" x ___" ___ (1-10)
		(7) ___" x ___" ___ (1-10)
		(8) ___" x ___" ___ (1-10)
		(9) ___" x ___" ___ (1-10)
		(10) ___" x ___" ___ (1-10)
<p><i>The total of panel and table space must be one or less, with no more than ½ table. Requests for additional space may be granted.</i></p>		Total # of copies (0-100): _____
<p>I expect to enter _____ items. <i>(not including items entered in the Print Shop)</i></p>		

\$_____ Art Show Fee (total panels & tables)

Special Requests: _____

\$_____ Print Shop Fee (\$1 per copy)

Make checks payable to: _____

\$_____ Mail-in fee (\$20 if permitted)

Put on wait list rather than reject request? Yes No

\$_____ Membership(s) (___ @ \$44)

Refund memberships if no space available? Yes No

_____ Please include the name(s) & address(es) for additional members on a separate sheet. This rate is good through January 16, 2007.

\$_____ Total Amount Check / money order enclosed (payable to "Boskone 44")

Charge my: MasterCard or VISA. Expiration date (M/Y): ___/___

Name on card: _____ Card #: _____

Signature: _____