

Boskone 45 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.

| Panel Space | Table Space | Print Shop |
|---|--|-----------------------------------|
| ___ 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 | § <i>Returning artists only, please.</i> | (3) ___" x ___" ___ (1-10) |
| ___ ¼ @ \$11 | | (4) ___" x ___" ___ (1-10) |
| 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. | | (5) ___" x ___" ___ (1-10) |
| I expect to enter ___ items. | | (6) ___" x ___" ___ (1-10) |
| <i>(not including items entered in the Print Shop)</i> | | (7) ___" x ___" ___ (1-10) |
| | | (8) ___" x ___" ___ (1-10) |
| | | (9) ___" x ___" ___ (1-10) |
| | | (10) ___" x ___" ___ (1-10) |
| | | Total # of copies (0-100): _____ |

\$_____ 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) (___ @ \$45) 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 22, 2008.

\$_____ Total Amount Check / money order enclosed (payable to "Boskone 45")

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

Name on card: _____ Card #: _____

Signature: _____