

Boskone 46 Art Show Entry Form

February 13 – 15, 2009

c/o NESFA, P.O. Box 809, Framingham, MA 01702; E-mail: artshow@boskone.org; Fax: 617-776-3243

Required:

Name: _____
Address: _____

Optional:

Agent's name: _____
Address: _____

E-mail: _____
Telephone number: _____

E-mail: _____
Telephone number: _____

I have read and agree to abide by the rules sent with this entry form. Date: _____

Artist or Authorized Signature (required): _____

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 (1 to 10 copies per print)

___ 3 @ \$132 \$
___ 2 @ \$88 \$
___ 1 @ \$44
___ ½ @ \$22
___ ¼ @ \$11

___ 1 @ \$44 \$
___ ½ @ \$22
___ ¼ @ \$11

§ Returning artists only.

Piece Size (inches)	No. of Copies
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___

The total of panel and table space must be one or less, with no more than ½ table. ___ x ___ requests for additional space may be granted.

Total number of copies: ___

I expect to enter ___ (non-Print Shop) items.

\$ ___ Art Show Fee (total panels & table) Special requests: _____

\$ ___ Print Shop Fee (\$1/copy) Make checks payable to: _____

\$ ___ Mail-in fee (\$20 if permitted) Put on Wait List rather than reject request? Yes No

\$ ___ Membership(s) (___ @ \$46) Refund membership(s) 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 15, 2009.

\$ ___ Total amount Check/money order enclosed (payable to "Boskone 46")

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

Name on card: _____ Card #: _____

Signature: _____