

BOSKONE 49 ART SHOW ENTRY FORM

February 17-19, 2012 – Boston Westin Waterfront Hotel

c/o NESFA, P. O. Box 809, Framingham, MA 01701 – FAX: 617-776-3243 – E-mail: 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 _____
E-mail _____	E-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 E-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 E-mail.

Panel Space

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

Table Space

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

§ *Returning artists only, please.*

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 expect to enter ___ items.

(not including items entered in the Print Shop)

Print Shop

<u>Item</u>	<u>Overall Size</u>	<u># Copies</u>
(1)	___" x ___"	___ (1-10)
(2)	___" x ___"	___ (1-10)
(3)	___" x ___"	___ (1-10)
(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)

Total # of copies (0-100): _____

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

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

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

\$___ Membership(s) (___ @ \$49)

_____ Please include the name(s) & address(es) for additional members on a separate sheet. This rate is good through January 17, 2012.

\$___ Total Amount

Check / money order enclosed (payable to "Boskone 49")

Special Requests:

Make checks payable to:

Put on wait list rather than reject request? Yes No

Refund memberships if no space available? Yes No

Charge my: MasterCard VISA AmEx Discover Other* Expiration date (M/Y): ___/___

Name on card: _____ Card #: _____

Signature: _____ * We accept **most** major credit cards.