Boskone 42 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 a	abide by the rules enclosed with th	is entry fo	orm. Date (M/D/Y):/						
Artist or Authorized Sign	nature (required)									
Artist name & address (required) Telephone		Agent name & address (if any) Telephone								
					Electronic mail		Electron	Electronic mail		
					My art will arrive at the s	show 🗌 with me, 🗌 with my agen	ıt, 🗌 othe	er:		
					Check here ☐ if all comr Check here ☐ if we shou Check here ☐ if you can	or my agent. Return it nunication should be via your age. Id <i>not</i> send confirmations and oth not conveniently print your own Ild like to be notified about future	nt. er notifica bid sheets	ations by electro from a PDF on	onic mail only. our website.	
Panel Space	Table Space	Print	Print Shop							
3 @ \$126 \$	1 @42 §		Overall Size	# Copies						
2 @ \$84 \$	½ @ \$21 §	(1)	" x"	(1-10)						
1 @ \$42 \$	1/4 @\$11	(2)	" x"	(1-10)						
½ @ \$21		(3)	" x"	(1-10)						
1/4 @ \$11	§ Returning artists only, please.	(4)	" x"	(1-10)						
		(5)	" x"							
The total of panel and table space must be one or			" x"	(1-10)						
less, with no more than 1/2 table. Requests for		(7)	" x"							
additional space may be granted.			" X"							
_		(9) (10)	" X"	·						
I expect to enter items.			" X"							
(not including items ente	red in the Print Shop)	Total	# of copies (0-10	00):						
\$ Art Show Fee (to	otal panels & tables)	Requests:_								
\$ Print Shop Fee (•								
\$ Mail-in fee (\$20				request? Yes No						
\$ Membership(s) (•	membersł	nips if no space a	available? 🗌 Yes 🔲 No						
\$ Total Amount	☐ Check / money ord	ler enclos	ed (payable to "l	Boskone 42")						
☐ Charge my: ☐] MasterCard or 🗌 VISA. Expi	iration da	te (M/Y):/_	<u></u>						
Name on card: Card										
C:										