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 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***
____ 3 @ $126 §	____ 1 @42 §
____ 2 @ $84 §	____ ½ @ $21 §
____ 1 @ $42 §	____ ¼ @$11
____ ½ @ $21	
____ 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

Item	**Overall Size**	**# Copies**
(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) (___ @ $42)

Special Requests: _____

Make checks payable to: _____

Put on wait list rather than reject request? ☐ Yes ☐ No

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 21, 2005.

$_____ Total Amount ☐ Check / money order enclosed (payable to "Boskone 42")

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

Name on card: _____ Card #: _____

Signature: _____