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

___ 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

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) (___ @ $45)
_____ Please include the name(s) & address(es) for additional members on a separate sheet. This rate is good through January 22, 2008.
$_____ Total Amount

Special Requests:_____

Make checks payable to: _____

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

Refund memberships if no space available? ☐ Yes ☐ No

☐ Check / money order enclosed (payable to "Boskone 45")

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

Name on card: _____ Card #: _____

Signature: _____