Boskone 45 Art Show Resale 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): ___/___/___

I certify that I have the legal right to sell each item that I am entering in the Art Show.

Authorized Signature (required) _____

Seller name _____ Agent name _____

& address _____ & address _____

(required) _____ (if any) _____

_____ _____

Telephone _____ Telephone _____

Electronic mail _____ Electronic mail _____

My art will arrive at the show with ☐ me, or ☐ my agent. Return artwork to ☐ me, or ☐ my agent.

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.

Item	Overall Size	Fee	Title	Artist	Type	Medium
(1)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(2)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(3)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(4)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(5)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(6)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(7)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(8)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(9)	___" x ___"	$ ___	_____	_____	O / R / X	_____
(10)	___" x ___"	$ ___	_____	_____	O / R / X	_____

Compute the fee for each item by multiplying the dimensions (including any mat, frame, or stand) to get the area in square inches, dividing by 144 to convert to square feet, rounding up to the next full square foot, and multiplying by $3. (e.g., 12" times 18"gives 216 square inches; 216 divided by 144 gives 1.5 square feet; 1.5 rounds to 2 square feet; 2 times $3 gives a $6 fee)

Circle the type for each item: O - original, R - reproduction, or X - anything else (e.g., a hand-colored print).

Special Requests: _____

Make checks payable to: _____

(Payments will be made within one month after the end of the convention.)

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

$_____ Total of Resale Fees ☐ Check / money order enclosed (payable to "Boskone 45")

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

Name on card: _____ Card #: _____

Signature: _____