Boskone 46 Art Show Entry Form

February 13 – 15, 2009

c/o NESFA, P.O. Box 809, Framingham, MA 01702; E-mail: artshow@boskone.org; Fax: 617-776-3243

Required:

Name:_____

Address:_____

_____

_____

E-mail:_____

Telephone number:_____

Optional:

Agent's name:_____

Address:_____

_____

_____

E-mail:_____

Telephone number:_____

I have read and agree to abide by the rules sent with this entry form. Date:_____

Artist or Authorized Signature (required):_____

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

§ Returning artists only.

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.

Table Space

___ 1 @ $44 §

___ ½ @ $22

___ ¼ @ $11

Print Shop (1 to 10 copies per print)

Piece Size (inches)	No. of Copies
____×____	___
____×____	___
____×____	___
____×____	___
____×____	___
____×____	___
____×____	___
____×____	___
____×____	___

Total number of copies: ____

I expect to enter ___ (non-Print Shop) items.

$____ Art Show Fee (total panels & table)

$____ Print Shop Fee ($1/copy)

$____ Mail-in fee ($20 if permitted)

$____ Membership(s) (___ @ $46)

Please include the name(s) & address(es) for additional members on a separate sheet.

This rate is good through January 15, 2009.

Special requests: _____

Make checks payable to: _____

Put on Wait List rather than reject request? ☐ Yes ☐ No

Refund membership(s) if no space available? ☐ Yes ☐ No

$_____ Total amount ☐ Check/money order enclosed (payable to "**Boskone 46**")

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

Name on card: _____ Card #: _____

Signature: _____