

# Boskone 44 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.

<i>Panel Space</i>	<i>Table Space</i>	<i>Print Shop</i>
___ 3 @ \$132 \$	___ 1 @ \$44 \$	<b>Item</b> <b>Overall Size</b> <b># Copies</b>
___ 2 @ \$88 \$	___ ½ @ \$22 \$	(1)    ___" x ___"    ___ (1-10)
___ 1 @ \$44 \$	___ ¼ @ \$11	(2)    ___" x ___"    ___ (1-10)
___ ½ @ \$22		(3)    ___" x ___"    ___ (1-10)
___ ¼ @ \$11	§ <i>Returning artists only, please.</i>	(4)    ___" x ___"    ___ (1-10)
		(5)    ___" x ___"    ___ (1-10)
<i>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>		(6)    ___" x ___"    ___ (1-10)
		(7)    ___" x ___"    ___ (1-10)
		(8)    ___" x ___"    ___ (1-10)
		(9)    ___" x ___"    ___ (1-10)
		(10)    ___" x ___"    ___ (1-10)
<b>I expect to enter</b> ___ <b>items.</b>		Total # of copies (0-100): _____
<i>(not including items entered in the Print Shop)</i>		

\$\_\_\_\_\_ Art Show Fee (total panels & tables)

Special Requests: \_\_\_\_\_

\$\_\_\_\_\_ Print Shop Fee (\$1 per copy)

Make checks payable to: \_\_\_\_\_

\$\_\_\_\_\_ Mail-in fee (\$20 if permitted)

Put on wait list rather than reject request?  Yes  No

\$\_\_\_\_\_ Membership(s) ( \_\_\_ @ \$44)

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 16, 2007.

\$\_\_\_\_\_ Total Amount

Check / money order enclosed (payable to "Boskone 44")

Charge my:  MasterCard or  VISA.      Expiration date (M/Y): \_\_\_/\_\_\_

Name on card: \_\_\_\_\_ Card #: \_\_\_\_\_

Signature: \_\_\_\_\_