

# 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](mailto: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

\_\_\_ 1/2 @ \$22

\_\_\_ 1/4 @ \$11

## Table Space

\_\_\_ 1 @ \$44 \$

\_\_\_ 1/2 @ \$22

\_\_\_ 1/4 @ \$11

§ Returning artists only.

## Print Shop (1 to 10 copies per print)

Piece Size (inches)

No. of Copies

\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

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\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

\_\_\_

\_\_\_ x \_\_\_

\_\_\_

Total number of copies: \_\_\_\_\_

The total of panel and table space must be one or less, with no more than 1/2 table. \_\_\_\_\_ x \_\_\_\_\_ requests for additional space may be granted.

**I expect to enter \_\_\_ (non-Print Shop) items.**

\$ \_\_\_\_\_ Art Show Fee (total panels & table) Special requests: \_\_\_\_\_

\$ \_\_\_\_\_ Print Shop Fee (\$1/copy) Make checks payable to: \_\_\_\_\_

\$ \_\_\_\_\_ Mail-in fee (\$20 if permitted) Put on Wait List rather than reject request?  Yes  No

\$ \_\_\_\_\_ Membership(s) (\_\_\_ @ \$46) Refund membership(s) 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 15, 2009.

\$ \_\_\_\_\_ Total amount  Check/money order enclosed (payable to "Boskone 46")

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

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

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