

# BOSKONE 49 ART SHOW ENTRY FORM

February 17-19, 2012 – Boston Westin Waterfront Hotel

c/o NESFA, P. O. Box 809, Framingham, MA 01701 – FAX: 617-776-3243 – E-mail: 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 _____
E-mail _____	E-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 E-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 E-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

<u>Item</u>	<u>Overall Size</u>	<u># Copies</u>
(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) ( \_\_\_ @ \$49)

\_\_\_\_\_ Please include the name(s) & address(es) for additional members on a separate sheet. This rate is good through January 17, 2012.

\$\_\_\_ Total Amount

Check / money order enclosed (payable to "Boskone 49")

Special Requests:

Make checks payable to:

Put on wait list rather than reject request?  Yes  No

Refund memberships if no space available?  Yes  No

Charge my:  MasterCard  VISA  AmEx  Discover  Other\* Expiration date (M/Y): \_\_\_/\_\_\_

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

Signature: \_\_\_\_\_ \* We accept **most** major credit cards.