

**PHILCON 2003 ART SHOW**  
REGISTRATION FORM

Artist's Name: \_\_\_\_\_ Pro  Amateur  Semi-Pro   
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Website url: \_\_\_\_\_

Type(s) of Art Work: Flat  3-D  Prints  Subject: SF  Fantasy  Horror  Other  \_\_\_\_\_  
Preferred Media: \_\_\_\_\_ Published ? Yes  No   
Briefly describe your work: \_\_\_\_\_

Number of Panels for Flat Work Requested: (max. 3) Full (4' x 6') (\$25): \_\_\_\_\_ half (4' x 3') (\$15) \_\_\_\_\_  
Number of Tables for 3-D Work Requested: (max. 2) Full (2.5 x 6') (\$25): \_\_\_\_\_ half (2.5' x 3') (\$15) \_\_\_\_\_  
Print Shop: No. of Images \_\_\_\_\_ x No. of Copies/Image \_\_\_\_\_ = Total No. of Prints \_\_\_\_\_ (\$1.50 each)

Any Special Display Requirements \_\_\_\_\_

Estimated Number of Pieces for Sale \_\_\_\_\_ Number of Pieces NFS \_\_\_\_\_

Will You Be Attending Philcon? Yes  No  Send Multi-page Flyer with more info and membership forms

I wish to: Participate in Art Programming  Be a Panelist on General Programming

Panel/Demo ideas \_\_\_\_\_

Is there anyone you would like to be on a panel with? \_\_\_\_\_

Is there anything you DON'T want to talk about? \_\_\_\_\_

I agree  refuse  to allow videotaping of my program item for delayed transmission and/or archival records

I Cannot Attend in Person But Authorize \_\_\_\_\_ To Be My Agent.

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

I Cannot Attend in Person But Wish to Mail In My Art.

*Mailed-In Art Will Be Accepted Only After Prior Approval and Arrangement with the Art Show Director*

Maximum of one panel or 1 Table or 4 Print Images/20 Copies Total Per Mail-In Artist.

I Have Received the 4-Page Philcon Art Show Rules and Agree to Abide by Them

Signature of Artist \_\_\_\_\_ Date \_\_\_\_\_

Art Show Fee: Total panels and tables \_\_\_\_\_ @ \$25.00 = \$ \_\_\_\_\_ MasterCard  Visa  Exp. \_\_\_\_/\_\_\_\_

Print Shop Fee: Total print copies \_\_\_\_\_ @ \$.50 = \$ \_\_\_\_\_ Card # \_\_\_\_\_

Mail-in Fee @ \$10.00 or Attending Membership @ \$40.00 = \$ \_\_\_\_\_ Name on Card \_\_\_\_\_

Check/M.O.# \_\_\_\_\_ (made out to Philcon) Total Amount = \$ \_\_\_\_\_ Signature \_\_\_\_\_

Please refund my money if no space available  Please place me on wait list for available space

Space Is Assigned On Rolling Admission By Postmark, Not Date of Receipt.

Please Return This Form ASAP but No Later Than October 30th to: Joni Brill Dashoff, Philcon Art Show  
830 Barlow Street, Phila., Pa. 19116 Telephone (Evenings) (215) 676-4194 E-mail jbdashoff@aol.com