

**PHILCON 2004 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