

**L.A.con IV ART SHOW
REGISTRATION FORM**

Artist's Name: Phannie R. Tist Agent's Name: Monty Wells
 Street Address: 123 Artist Row #2 Street Address: 88 Science Drive
 City, State, East Overshoe, NJ 07604 City, State, Zip: Newtonia, NY 09180
 Phone: 777 - 776 - 7766 Phone: 918 - 888 - 2132
 E-Mail: phannie@phanniertist.org Email: MWells@science.edu
 Artist's Website URL www.phanniertist.org Make checks payable to [X] artist [] agent

Pro [] Amateur [] Semi-Pro [X]

Number of Panels Requested: (Max. 3 units)
 Full(4' x 6'): 1 @\$45 per panel
 Half (4' x 3'): _____ @\$23 per 1/2 panel

Number of Tables Requested: (Max. 2 units)
 Full (6' x 30''): _____ @\$45 per table
 Half (3' x 30'') 1 @\$23 per 1/2 table

Maximum combined units: 3.
 1 unit = 1 panel or 1 table
 1/2 unit = 1/2 panel or 1/2 table
 Number of Pieces for Sale 12
 Number of Pieces NFS 3

Print Shop: \$1.00 per print - 3 to 10 copies per print

| # images | #copies | dimensions | total # |
|-----------------------|--------------------------|------------|--------------------------|
| <u>1st</u> x <u>4</u> | <u>10</u> "x <u>15</u> " | = | <u>4</u> |
| <u>2nd</u> x <u>4</u> | <u>10</u> "x <u>12</u> " | = | <u>4</u> |
| <u>3rd</u> x <u>4</u> | <u>8</u> "x <u>12</u> " | = | <u>4</u> |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| _____ x _____ | _____ "x _____ " | = | _____ |
| | | | Total = <u>12</u> |

All prints will be displayed in and sold through the Print Shop.

Any Special Display Requirements: _____ I want space next to Pablo Phan Gogh _____

[X] I want an artist table in the art show. I understand that I can not sell merchandise from this table.
 [X] Thursday @\$20.00 [] Friday @\$20.00 [X] Saturday @\$20.00

[X] I plan to attend L.A.con IV. (membership information available on line at laconiv.org)
 [X] My art will arrive with my designated Agent (please fill out Agent information above)
 [] I cannot attend in person but wish to mail in my art. *Contact Art Show Director for required approval.*
Maximum of 1 Panel (4' x 6') or 1/2 Table or 4 Print Images/20 Copies Total Per Mail-In Artist.

\$ 68 Art Show Fee (total panels & tables)
 \$ 12 Print Shop Fee (\$1 per copy)
 \$ _____ Mail-in fee (\$25 if permitted)
 \$ 40 Artist Table fee
 \$ 120 Total Amount

[] MasterCard [] Visa
 Card# _____
 Expiration Date: _____ Security Code: _____
 Name on Card: _____
 Signature _____

[] Refund if no space available
 [X] Wait list for available space

[X] Check/M.O. # _____ made payable to "L.A.con IV"

Please return this form ASAP but no later than June 30, 2006 to: Joni Brill Dashoff , L.A. Con IV Art Show,
 P.O.Box 310, Huntingdon Valley, PA 19006-0310. Phone:215-676-4194 E-Mail:artshow@laconiv.org

I have read the L.A.con IV Art Show rules and agree to abide by them:

Signature of Artist PHANNIE R.. TIST Date 3 - 15 - 06