## **L.A. Con IV ART SHOW** REGISTRATION FORM

Artist's Name:		Agent's Name:	
Street Address:		Street Address:	
		City, State, Zip:	
		Phone:	
		Email:	
Artist's Website URL:			
Thust is website etc.		Make enecks payable to [	j artist [ jagent
Pro [ ] Amateur [ ] Semi-Pro [ ]		Print Shop: \$1.00 per print – 3 to 10 copies per print # images #copies dimensions total #	
Number of Panels Rec	quested: (Max. 3 units)	** Images ** #copies	
Full(4' x 6'):	•	X	
	@\$23 per ½ panel	X	"x" =
		X	"x" =
Number of Tables Requested: (Max. 2 units)		X	"x" =
Full (6' x 30''):	@\$45 per table	X	"x =
Half (3'x 30")	@\$23 per ½ table	x	"x" =
	-	X	X
Maximum combined u	nits: 3.	X	X =
1 unit = 1 panel or 1 table		x x	"x" =
$\frac{1}{2}$ unit = $\frac{1}{2}$ panel or $\frac{1}{2}$		A	Total =
Number of Pieces for Sale Number of Pieces NFS		All prints will be displayed in and sold through the Print Shop.	
[ ] Thursday 6 [ ] I plan to attend L.A. [ ] My art will arrive wi [ ] I cannot attend in per	e in the art show. I understand the \$20.00 [ ]Friday @\$20.00 [ ]con IV. (membership inforth my designated Agent (please rson but wish to mail in my art. Panel (4' x 6') or 1/2 Table or 4	] Saturday @\$20.00 rmation available on line at lac fill out Agent information abo Contact Art Show Director for	coniv.org) ove) r required approval.
\$ Art Show Fee (total panels & tables) \$ Print Shop Fee (\$1 per copy) \$ Mail-in fee (\$25 if permitted) \$ Artist Table fee		[] MasterCard []	Visa [] Discover [] Amex Security Code:
			Security code
\$ Total Amount		Signature	
' <u></u>			1 11
<ul><li>[ ] Refund if no space available</li><li>[ ] Wait list for available space</li></ul>		[ ] Check/M.O. #	made payable to "L.A.con IV
	ASAP but no later than June don Valley, PA 19006-0310.		noff, L.A. Con IV Art Show, E-Mail:artshow@laconiv.org
I have read the L.A.co	on IV Art Show rules and agre	e to abide by them:	
Signature of Artist		Date	