

# Albacon Art Show Reservation Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Social Security \_\_\_\_\_ Telephone \_\_\_\_\_  
 Professional  Amateur  E-Mail Address \_\_\_\_\_

*I have read and understand the rules regarding the display and sale of artwork at Albacon '04.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Number of Panels*</b> for Flat Work	4'x6" Full Panel \$15 4'x4" 2/3 Panel \$10 4'x2" 1/3 Panel \$ 5	<b>Total Number of Panels and \$ =</b>	_____ Panels \$ _____
	<b>Number of Tables*</b> for 3-D Work	6'x30" Full Table \$15 4'x30" 2/3 Table \$10 2'x30" 1/3 Table \$ 5	<b>Total Number of Tables and \$ =</b> \$ _____
<b>*Maximum of 1 panels and/or tables per artist, TOTAL</b>		<b>Mail-in Handling Fee (\$10)</b>	\$ _____
<b>Number of Convention Memberships</b>		\$40/ membership	\$ _____
<b>Total Fees</b>			\$ _____

Special display requirements \_\_\_\_\_

Will you have prints in the Print Shop? Yes  No  Number of display copies \_\_\_\_\_  
**Please note the Print Shop fees are described in section 5 of the Art Show fees.**

Will you be attending Albacon '04? Yes  No  Undecided   
 Would you be interested in participating in programming events? Yes  No  Undecided

Agent's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Social Security \_\_\_\_\_ Telephone \_\_\_\_\_  
 Pay sales receipts to: Artist  Agent  E-Mail Address \_\_\_\_\_

*I authorize the person specified above to act as my agent on my behalf at Albacon '04*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Please provide your agent with a signed letter of agency to present at Albacon '04.*

Please return this form and payment before September 7, 2004 to:

Jennifer Kraus  
 810 Brandywine Ave  
 Schenectady, NY 12308-3524

Telephone (before 11pm EST please)  
 518-372-9458

Email  
 artshow@albacon.org