Albacon Art Show Reservation Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone _____

Professional p   Amateur p   E-Mail Address _____

I have read and understand the rules regarding the display and sale of artwork at Albacon '10.

Signature _____ Date _____

Number of Panels* for Flat Work

Number of Tables* for 3-D Work
Space limitation of 1 table per artist.

*Maximum of 2 panels and/or tables per artist, *TOTAL*

4'x6' Full Panel $20 4'x4' 2/3 Panel $15 4'x2' 1/3 Panel $10	**Total Number of Panels and $ =**	____ Panels $
6'x30" Full Table $20 4'x30" 2/3 Table $15 2'x30" 1/3 Table $ 10	**Total Number of Tables and $ =**	____Tables $
	Mail-in Handling Fee ($10)	$
	Total Fees	$

Special display requirements _____
_____

Will you have prints in the Print Shop?   Yes p No p Number of display copies _____

Please note the Print Shop fees described in section 6 of the fees.

Will you be attending Albacon '10? Yes p No p Undecided p
Would you be interested in participating in programming events? Yes p No p Undecided p

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Agent's Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone _____

Pay sales receipts to: Artist p   Agent p   E-Mail Address _____

I authorize the person specified above to act as my agent on my behalf at Albacon '10

Signature _____ Date _____
Please provide your agent with a signed letter of agency to present at Albacon '10.

Please return this form and payment before September 20, 2010 to:

Bonnie & Ted Atwood   Telephone (before 11pm ET please)   Email
1 Crescent Drive   518-336-4317   bonnie.atwood@gmail.com
Castleton, NY 12033   ted.atwood@gmail.com
                                    Email response is accepted.

Payment:
        __ Check (US banks and Funds only) Make checks and money orders payable to "Albacon".
        __ MasterCard __ Visa

Card #: _____ Expiration Date: _____

Name on Card: _____

Signature: _____