

PHILCON 2008 ART SHOW
REGISTRATION FORM

Artist's Name: _____ Pro [] Amateur [] Semi-Pro []

Address: _____

City: _____ State: _____ Zipcode: _____

Social Security #: *not needed* _____ 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')(\$30): _____ half (4' x 3') (\$15) _____

Number of Tables for 3-D Work Requested: (max. 2) Full (2.5 x 6')(\$30): _____ half (2.5' x 3')(\$15) _____

Print Shop: No. of Images _____ x No. of Copies/Image _____ = Total No. of Prints _____ (\$.50 each)

Any Special Display Requirements _____

Estimated Number of Pieces for Sale _____ Number of Pieces NFS _____

Will you be attending Philcon in person? Yes [] (If not - see options below)

I wish to: Participate in Art Programming [] Be a Panelist on General Programming [] (email: program@philcon.org)

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 at Philcon.

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 (1) panel **OR** one (1) Table **OR** four (4) Print Images/ twenty (20) Copies **TOTAL** Per Mail-In Artist.

I Have Read the 4-Page Philcon Art Show Rules and Agree to Abide by Them

Signature of Artist _____ Date _____

Art Show Fee: Total# panels & tables _____ @ \$30.00 = \$ _____ MasterCard [] Visa [] Exp. ___/___

Print Shop Fee: Total# print copies _____ @ \$.50 = \$ _____ Card # _____

Mail-in Fee @ \$10.00 or Attending Membership @\$45.00 = \$ _____ 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.

Requests for display space in October and November will be honored as cancellations allow.

Please return this form ASAP but no later than September 30th to: Joni Brill Dashoff, Philcon Art Show
830 Barlow Street, Phila., Pa. 19116 Telephone (Evenings) (215) 676-4194 E-mail jbdashoff@aol.com