

Loscon 29 Art Show

Please
Print
or
Type

Artist's Name _____ Artist # _____

Agent _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-Mail _____ Web Site _____

Release address if requested? YES/NO Release Web/e-mail address(es) if requested? YES/NO

Piece #	Title	Minimum Bid	Available at minimum bid after close-out?	Sold At	Buyer #
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	
		.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	.00	

Shaded Area for Use by Art Show Staff Only

Mail-In Art Received On _____

Show Sales _____

Number of Pieces Received _____

Less 10% Commission _____

Art Mailed On _____

Shipping Deposit _____

Number of Pieces Mailed _____

Shipping Cost _____

Check Mailed On _____

Shipping Balance _____

Check # _____

Amount Due Artist _____