

# Boskone 45 Art Show Entry Form

c/o NESFA, P. O. Box 809, Framingham, MA 01701 – FAX: 617-776-3243 – email: artshow@boskone.org

I have read and agree to abide by the rules enclosed with this entry form. Date (M/D/Y): \_\_\_/\_\_\_/\_\_\_

**Artist or Authorized Signature (required)** \_\_\_\_\_

Artist name \_\_\_\_\_ Agent name \_\_\_\_\_

& address \_\_\_\_\_ & address \_\_\_\_\_

(required) \_\_\_\_\_ (if any) \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Electronic mail \_\_\_\_\_ Electronic mail \_\_\_\_\_

My art will arrive at the show  with me,  with my agent,  other: \_\_\_\_\_

Return artwork to  me, or  my agent. Return it  in person, or  by other means: \_\_\_\_\_

Check here  if all communication should be via your agent.

Check here  if we should **not** send confirmations and other notifications by electronic mail only.

Check here  if you can **not** conveniently print your own bid sheets from a PDF on our website.

Check here  if you would like to be notified about future shows *only* by electronic mail.

<b>Panel Space</b>	<b>Table Space</b>	<b>Print Shop</b>
___ 3 @ \$132 §	___ 1 @ \$44 §	<b>Item Overall Size # Copies</b>
___ 2 @ \$88 §	___ ½ @ \$22 §	(1) ___" x ___" ___ (1-10)
___ 1 @ \$44 §	___ ¼ @ \$11	(2) ___" x ___" ___ (1-10)
___ ½ @ \$22	§ <i>Returning artists only, please.</i>	(3) ___" x ___" ___ (1-10)
___ ¼ @ \$11		(4) ___" x ___" ___ (1-10)
<b>The total of panel and table space must be one or less, with no more than ½ table. Requests for additional space may be granted.</b>		(5) ___" x ___" ___ (1-10)
<b>I expect to enter ___ items.</b>		(6) ___" x ___" ___ (1-10)
<i>(not including items entered in the Print Shop)</i>		(7) ___" x ___" ___ (1-10)
		(8) ___" x ___" ___ (1-10)
		(9) ___" x ___" ___ (1-10)
		(10) ___" x ___" ___ (1-10)
		Total # of copies (0-100): _____

\$\_\_\_ Art Show Fee (total panels & tables) Special Requests: \_\_\_\_\_

\$\_\_\_ Print Shop Fee (\$1 per copy) Make checks payable to: \_\_\_\_\_

\$\_\_\_ Mail-in fee (\$20 if permitted) Put on wait list rather than reject request?  Yes  No

\$\_\_\_ Membership(s) ( \_\_\_ @ \$45) Refund memberships if no space available?  Yes  No

\_\_\_\_\_ Please include the name(s) & address(es) for additional members on a separate sheet. This rate is good through January 22, 2008.

\$\_\_\_ Total Amount  Check / money order enclosed (payable to "Boskone 45")

Charge my:  MasterCard or  VISA. Expiration date (M/Y): \_\_\_/\_\_\_

Name on card: \_\_\_\_\_ Card #: \_\_\_\_\_

Signature: \_\_\_\_\_