

## Boskone 46 Art Show Entry Form

February 13 – 15, 2009

c/o NESFA, P.O. Box 809, Framingham, MA 01702; E-mail: [artshow@boskone.org](mailto:artshow@boskone.org); Fax: 617-776-3243

**Required:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Optional:**

Agent's name: \_\_\_\_\_  
Address: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

I have read and agree to abide by the rules sent with this entry form. Date: \_\_\_\_\_

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

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.

**Panel Space**

**Table Space**

**Print Shop** (1 to 10 copies per print)

\_\_\_ 3 @ \$132 \$  
\_\_\_ 2 @ \$88 \$  
\_\_\_ 1 @ \$44  
\_\_\_ 1/2 @ \$22  
\_\_\_ 1/4 @ \$11

\_\_\_ 1 @ \$44 \$  
\_\_\_ 1/2 @ \$22  
\_\_\_ 1/4 @ \$11

§ Returning artists only.

Piece Size (inches)	No. of Copies
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___
___ x ___	___

The total of panel and table space must be one or less, with no more than 1/2 table. \_\_\_ x \_\_\_ requests for additional space may be granted.

Total number of copies: \_\_\_

**I expect to enter \_\_\_ (non-Print Shop) items.**

\$ \_\_\_ Art Show Fee (total panels & table) Special requests: \_\_\_\_\_

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

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

\$ \_\_\_ Membership(s) (\_\_\_ @ \$46) Refund membership(s) 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 15, 2009.

\$ \_\_\_ Total amount  Check/money order enclosed (payable to "Boskone 46")

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

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

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