

PHILCON 2021 ART SHOW REGISTRATION FORM

Artist's Name: _____ Pro Amateur Semi-Pro Student
Address: _____
City: _____ State: _____ Zipcode: _____
SSN: *_we will ask IF you earn enough for IRS reporting_* Cell Phone #: _____
E-Mail Address: _____ Website url: _____

Type(s) of Art Work: Flat 3D Prints Subject: SF Fantasy Horror Other _____
Preferred Media: _____ Published ? Yes No
Briefly describe your art so we may locate your display to best highlight it:

Number of Panels for Flat Work Requested: (max. 3) Full (4' x 6') (\$25): _____ half (4' x 3') (\$15) _____
Number of Tables for 3-D Work Requested: (max. 2) Full (2.5 x 6') (\$25): _____ half (2.5' x 3') (\$15) _____
Print Shop Display Space Requested: (max.2) Full (4'x 6') (\$25): _____ half (4' x 3') (\$15) _____

Any Special Display Requirements (over-sized work, electricity, floor space, co-locate with another artist, etc.):

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 program2021@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 _____ Cell Phone# _____

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/ thirty (30) Copies **TOTAL** Per Mail-In Artist.

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

Signature of Artist _____ Date _____

_____ Art Show Fee (total for panels & tables) I have paid via Paypal "treasurer@psfs.org"

_____ Print Shop Fee (total for self-serve panels) Receipt/ Transaction # _____

_____ Mail-in Fee @ \$10 or Attending Membership @\$50 _____

_____ **Total Amount** I have enclosed my check/MO# _____

_____ Student Discount: Eligibility _____ (make checks payable to Philcon)

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 November will be honored as cancellations allow.

Please return this form ASAP but no later than October 31 to: Joni Brill Dashoff & Saul Jaffe, Philcon Art Show,
P.O. Box 425, Huntingdon Valley, PA 19006 Cell Phone # (215) 313-5319 E-mail: artshow2021@philcon.org

