

PHILCON 2017 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 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: (*replaces per print fee*) 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: program2017@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 (6) Print Images/ thirty (30) 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 for panels & tables) I have paid on-line at Philcon.org
_____ Print Shop Fee (total for self-serve panels) Receipt/ Transaction # _____
_____ Mail-in Fee @ \$10 or Attending Membership @\$40 _____
_____ **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 31st to: Joni Brill Dashoff, Philcon Art Show,
P.O. Box 425, Huntingdon Valley, PA 19006 Cell Phone (215) 313-5319 E-mail jbdashoff@gmail.com