

PHILCON 2022 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 #: \_\_\_\_\_
Email 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 \_\_\_\_\_

Please choose one of the following three options:

[ ] I will be attending Philcon in person

I wish to: Participate in Art Program [ ] Be a Panelist on General Program [ ] (email programming2022@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(s).

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 Email: artshow2022@philcon.org