

PHILCON 2024 ART SHOW REGISTRATION FORM

Artist's Name: _____ Pro Amateur Semi-Pro Student
Address: _____
City: _____ State: _____ Zip Code: _____
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): _____

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 *programming2024@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 _____ Zip Code _____

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)

_____ Print Shop Fee (total for self-serve panels)

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

_____ **Total Amount**

_____ Student Discount: Eligibility _____

Please refund my money if no space available []

I have paid via PayPal "treasurer@psfs.org"

Receipt / Transaction # _____

I have enclosed my check/MO# _____

(Make checks payable to Philcon)

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: *artshow2024@philcon.org*