

ARISIA Art Show reservation form

Name *as you would like it printed*: _____

Address: _____

City, State, Zip: _____

Telephone (day): _____ Telephone (evening): _____

Email: _____

I have read and accept the rules regarding the display and sale of artwork at Arisia '10

Signature _____ Date _____

Number of panels (for flat work)		\$28/Full		\$
Number of tables (for 3-D work)	X	\$14/Half	=	\$
		\$7/Quarter		\$
Mail-in handling fee (\$15)				\$
Total reservation fees				\$

Maximum 2 panels and tables per artist, TOTAL. Full payment MUST accompany reservation!

Check enclosed. *Please make checks payable in US Funds to ARISIA '10.*

Please charge my: American Express Visa Mastercard Discover

Card Number _____ Expiration Date _____

Name On Card _____

Signature _____

Will you have prints in the print shop? Yes No Total number of copies _____

Will you be attending Arisia '10? Yes No Maybe

When will you be picking up your art? Sunday 2pm-8pm Monday 10am-noon

Agent's Name: _____

Address: _____

City, State, Zip: _____

Telephone (day): _____ Telephone (evening): _____

Email: _____

Pay sales receipts to Artist Agent

I authorize the person specified above to act as my agent on my behalf at Arisia '10

Signature _____ Date _____

Please return this form, any special display requirements, and payment before Nov. 15, 2009 to:
 Arisia '10 Art Show, PO Box 391596, Cambridge MA 02139, USA