

# Albacon Art Show Reservation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Professional  Amateur  E-Mail Address \_\_\_\_\_

*I have read and understand the rules regarding the display and sale of artwork at Albacon '05.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Number of Panels\*** for Flat Work

4'x6' Full Panel \$20  
4'x4' 2/3 Panel \$15  
4'x2' 1/3 Panel \$10

**Total Number of Panels and \$ =**

\_\_\_\_\_ Panels  
\$ \_\_\_\_\_

**Number of Tables\*** for 3-D Work

6'x30" Full Table \$20  
4'x30" 2/3 Table \$15  
2'x30" 1/3 Table \$10

**Total Number of Tables and \$ =**

\_\_\_\_\_ Tables  
\$ \_\_\_\_\_

\*Maximum of 2 panels and/or tables per artist, **TOTAL**

**Mail-in Handling Fee (\$10)**

\$ \_\_\_\_\_

**Number of Convention Memberships**

\$40/ membership

\$ \_\_\_\_\_

**Number of Display Prints for Print Shop**

**Please note the Print Shop fees are described in section 5 of the Art Show fees**

\_\_\_\_\_ Display Prints  
\$ \_\_\_\_\_

**Total Fees**

\$ \_\_\_\_\_

Special display requirements \_\_\_\_\_

Will you be attending Albacon '05? Yes  No  Undecided

Would you be interested in participating in programming events? Yes  No  Undecided

Agent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Pay sales receipts to: Artist  Agent  E-Mail Address \_\_\_\_\_

*I authorize the person specified above to act as my agent on my behalf at Albacon '05*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please provide your agent with a signed letter of agency to present at Albacon '05.*

Please return this form and payment before September 7, 2005 to:

Jennifer Kraus  
810 Brandywine Ave  
Schenectady, NY 12308-3524

Telephone (before 10pm EDT please)  
518-372-9458

Email  
artshow@albacon.org