

# 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.*

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

<b>Number of Panels*</b> for Flat Work	4'x6' Full Panel \$20 4'x4' 2/3 Panel \$15 4'x2' 1/3 Panel \$10	<b>Total Number of Panels and \$ =</b>	_____ Panels \$
	<b>Number of Tables*</b> for 3-D Work	6'x30" Full Table \$20 4'x30" 2/3 Table \$15 2'x30" 1/3 Table \$10	<b>Total Number of Tables and \$ =</b> _____ Tables \$
*Maximum of 2 panels and/or tables per artist, <b>TOTAL</b>		<b>Mail-in Handling Fee (\$10)</b>	\$
<b>Number of Convention Memberships</b>		\$40/ membership	\$
<b>Number of Display Prints</b> for Print Shop	<b>Please note the Print Shop fees are described in section 5 of the Art Show fees</b>		_____ Display Prints \$
<b>Total Fees</b>			\$

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

Will you be attending Albacon? 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*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Please provide your agent with a signed letter of agency to present at Albacon.*

Please return this form and payment before September 1, 2006 to:

Jennifer Kraus  
810 Brandywine Ave  
Schenectady, NY 12308-3524

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

Email  
artshow@albacon.org