Bubonicon 40 Art Show Original Control Sheet

Name _____ Agent (if any) _____

Address _____

_____

Email: _____

Web site: _____

Special instructions (if any)

_____

_____

_____

Initial here if you are willing to allow your artwork to be videotaped by the news media: _____

Fees for All Artwork Sent
(fill out only 1 time)

Entry Fee $_____

Items Sent _____

Hanging Fees $_____

Return Postage $_____

Grand Total $_____

How can patrons contract you? (Check all that apply)	☐ Phone ☐ Address ☐ Email ☐ Web Site

No.	Title	Quick Sale	Min Bid	Buyer	Sale Price
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00
		$ .00	$ .00		$ .00

Sub Total	$
Total from other pages (if any)	$
Grand Total of Receipts	$
Bubonicon's 15% Commission	$
The total due to the artist*	$

_____ _____

Signature of Artist/Agent Date

* We reserve the right to subtract return postage fees if not already provided for.