

Necronomicon Art Show Registration Form

Artist: _____
 Address: _____
 City: _____
 State/zip: _____
 Phone: _____
 Email: _____

Agent: _____
 Address: _____
 City: _____
 State/zip: _____
 Phone: _____
 Email: _____

Art Show Space Reservation

| | Quantity | Amount |
|------------------------------------------------------|----------|--------|
| Full Panel (5'x4') @ \$18 each | _____ | _____ |
| Four-Panel Bay @ \$65 <i>(one per artist)</i> | _____ | _____ |
| Full Table (6') @ \$18 each | _____ | _____ |
| Half Table (3') @ \$9 each | _____ | _____ |
| Total | _____ | _____ |

Make checks payable to NECRONOMICON, or pay on-line by PayPal at www.stonehill.org (click on "Join Use")

Attending: _____ Mail-In: _____ Shipping: USPS _____ Other: _____
(must provide label)

- _____ I would be interested in participating in art-related programming.
- _____ I am interested in helping with set-up, teardown, or volunteering time at the Art Show.
- _____ I will permit news filming and/or newspaper photography of my work. Photography of any sort will not be allowed without the artist's permission.
- _____ I do not object to the Art Show giving my email/web site to buyers requesting that info.

If you have questions, or have any other special requirements, please list them here

Complete and return this form to ensure your space. Your emailed Artist Number will be your confirmation. If you would like us to mail your control and bid sheets, you must provide a Self-Addressed, Stamped envelope. Address all enquiries and forms to: Necronomicon Art Show, 5902 Thonotosassa Road, Plant City FL 33565. email: artshow@stonehill.org

Signature of this form, or the return of the Excel file, acknowledges acceptance of ALL art show rules and regulations.

Signature: _____ Date _____
(if you are returning this excel file, just type your name here.)