WORLD HORROR ART CONTROL SHEET

WORLD HORROR CONVENTION 2005

I would like to register as: ___ An amateur ___A professional

ARTIST	AGENT (if applicable)
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
EMAIL:	EMAIL:
PHONE:	PHONE:
FAX:	FAX:

Fees paid:_____ | Check# or PayPal ID:_____ | # Panels/Tables:_____

pieces check in:_____ by _____ | # pieces checked out:_____ by _____

Piece #	Piece Name	Min Bid	QuickSale	Total	Buyer

I have read and agree to comply with the Art Show Rules:

	SUBTOTAL
	- 12% Commission
	TOTAL PRINT SALES
	- 15% Commission
	TOTAL DUE ARTIST

_____

Signature

Artist Payment Check #

__ Check here if you do not want photography of or near your artwork during the convention.