

WORLD HORROR PRINT CONTROL SHEET  
**WORLD HORROR CONVENTION 2009**

**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: \_\_\_\_\_

# pieces check in: \_\_\_\_\_ by \_\_\_\_\_ | # pieces checked out: \_\_\_\_\_ by \_\_\_\_\_

[illegible]

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

**SUBTOTAL**

Signature