

ARISIA Art Show reservation form

Name *as you would like it printed*: _____

Address: _____

City, State, Zip: _____

Telephone (day): _____ Telephone (evening): _____

Email: _____

I have read and accept the rules regarding the display and sale of artwork at Arisia '11

Signature _____ Date _____

Number of panels (for flat work)		x \$28 Full, \$14 Half, \$7 Quarter =	\$
Number of tables (for 3-D work)		x \$28 Full, \$19 for 2/3, \$10 Third =	\$
Mail-in handling fee (\$15)			\$
Total reservation fees			\$

Maximum 4 panels and tables per artist, TOTAL. Full payment MUST accompany reservation!

Check enclosed. *Please make checks payable in US Funds to ARISIA '11.*

Please charge my: American Express Visa Mastercard Discover

Card Number _____ CVV _____ Expiration Date _____

Name On Card _____

Signature _____

Will you have prints in the print shop? Yes No Total number of copies _____

Will you be attending Arisia '11? Yes No Maybe

Would you like your art to be included in a tactile tour for the visually impaired? Yes No

Agent's Name: _____

Address: _____

City, State, Zip: _____

Telephone (day): _____ Telephone (evening): _____

Email: _____

Pay sales receipts to Artist Agent

I authorize the person specified above to act as my agent on my behalf at Arisia '11

Signature _____ Date _____

Please return this form, any special display requirements, and payment before Dec. 15, 2010 to:
 Arisia '11 Art Show, PO Box 391596, Cambridge MA 02139, USA