ORYCON 29 ART SHOW (NOVEMBER 16-18 2007)
REGISTRATION FORM

Artist Name _____ Agent Name _____
Address _____ Address _____
Phone (day) _____ Phone (day) _____
(evening) _____ (evening) _____
Best time to call: _____ Best time to call: _____
e-mail address _____ e-mail address _____

Status: ☐Amateur ☐Professional ↔ Make checks payable to: _____

☐ My art will arrive with: me; my agent; by mail; by UPS; by Fed-Ex; or by _____

☐ Please return artwork to: me; my agent; by mail; by UPS; by Fed-Ex; or by _____

Please provide a brief description of your artwork, such as pen & ink astronomical, watercolor horror, stained glass robots, Lucite masks, Minbari head crest decorations, etc.

I wish to reserve the following space (**maximum total of 3 panel and/or table units per artist).**

_____ panels (4' x 4') at $15 each totaling: $_____

_____ table units (4' x 2½') at $15 each totaling: $_____

☐ "Print Shop" - a maximum of 20 pieces per artist at $5.00 per artist. ($5.00) $_____

☐ I am sending my artwork by mail/UPS/etc. Enclosed is the handling fee. ($15.00) $_____

☐ I have enclosed payment for membership in Orycon 29 $_____
($35 until June 30th, $45 until October 31st)

Total amount enclosed for art show reservations, handling postage and memberships $_____

Please make checks payable to Orycon 29. Please do not send cash.

Please check all appropriate items, use the space below to be specific and attach extra sheets if needed.

☐ I will allow credited press photography of my artwork. [No photos without your permission.]
☐ I will allow the Orycon 29 Art Show to give my address to buyers requesting it at the Art Show.
☐ I will allow the Orycon 29 Art Show to share my address with other conventions.
☐ I would like to have my email address/website posted on the Orycon 29 Art Show website.
☐ I would like to help with the Art Show during the convention.
☐ I will be bringing display cases for my 3-dimensional artwork and/or jewelry (highly recommended).
☐ I have special display needs for my artwork-floor space, electricity, etc. Please specify below.
☐ I am interested in participating in art-related programming-panels, workshops, demonstrations.

If you have any questions or comments, please feel free to include them with this form. Please return this form along with your payment to:
Orycon 29 Art Show c/o Melvin Krehbiel, 7582 SW Hunziker Rd. #29 Tigard, OR 97223

REMINDER:THIS RESERVATION FORM WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY A SIGNED RELEASE FORM.