



Artist's Name: _____

Agent's Name: _____

Street Address: _____

City, State: _____

Country & Postal Code: _____

Phone: _____ E-mail: _____

Artist's Website URL: _____

Make checks payable to [] artist [] agent

I have read the Sasquan Art Show rules and agree to abide by them:

Signature of Artist _____ Date _____

Number of Panels Requested: (Max. 4 units)

Full (4' x 4'): _____ @\$40 per panel

Pro [] Semi-Pro [] Amateur []

Number of Tables Requested: (Max. 2 units)

Full (8' x 30''): _____ @\$50 per table

Half (4' x 30''): _____ @\$25 per 1/2 table

Print Shop:

All copies will be hung on extended hangers in the Print Shop display for buyers to pick up themselves.

Maximum combined units: 4

1 unit = 1 panel or 1 table

1/2 unit = 1/2 table

Prints are \$1 per print

Number of Prints _____ (Max: 40)

Any Special Display Requirements (over-sized work, electricity, floor space, co-locate with another artist, etc):

Briefly describe your art so we may locate your display to best highlight it:

[] I plan to attend Sasquan. (Membership information available from our website at sasquan.org)

[] My art will arrive with my designated agent (please fill out Agent Information above)

[] I cannot attend in person but wish to mail in my art. *Contact Art Show Director for required approval.*

Maximum of 2 Panels (4' x 4') **OR** 1 Table **OR** 40 Print Shop pieces **Total Per Mail-In Artist.**

\$ _____ Art Show fee (total panels & tables)

\$ _____ Print Shop fee (total pieces)

\$ _____ Mail-In fee (\$25 if permitted)

\$ _____ **Total Amount**

[] Check/M.O. # _____
make payable to "Sasquan Art Show"

[] Refund if no space available

[] Wait list for available space

Please return this form ASAP but no later than July 30, 2015

Sasquan Art Show
Kerry Kuhn
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USA

Email for queries: artshow@sasquan.org