



ART SHOW SPACE RESERVATION FORM

Artist/Agent name: _____

(If you have a DBA (doing business as) name or alias that you want used – please indicate it here)

Name to make checks out to (if different from above): _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Website: _____

Requests:

All correspondence will be by email

I need power (120v only) Yes ___ No ___

I need lights (please do not request lighting unless your art requires it for some special reason - glass/backlit/blacklight etc.) Yes ___ No ___

How would you like your art returned to you? (mail in artists only)

UPS? _____, US mail? _____, Overnight delivery? _____

Other delivery service? _____

Totals:

Number of pegboard panels (3' wide by 4' high) _____

Number of table spaces (4' long by 2.5' deep) _____

Total number of table spaces and panels _____ x \$7.50 = _____

Mail-in fee is \$15 for mail-in artists = \$ 15.00

Total enclosed \$ _____

Please make checks payable to `Westercon61` and mail to:

Jerome Scott, Elizabeth Klein-Lebbink

artshow@westercon61.org

310-640-0949