

Artist	Agent (if applicable)
Name:	Name:
Address:	Address:
City:	City:
State/Zip:	State/Zip:
Email:	Email:
Phone:	Phone:

Piece #	Title	Minimum Bid	Direct Sale	Sale Amount	Check In	Check Out
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OryCon Art Show Control Form

Artist	Agent (if applicable)
Name:	Name:
Address:	Address:
City:	City:
State/Zip:	State/Zip:
Email:	Email:
Phone:	Phone:

OryCon will not accept artwork from, or release unsold artwork to, anyone other than the artist/agent named above without a signed release statement from the above artist /agent

Piece #	Title	Min Bid	Direct Sale	Sale Amt	Type*	In	Out

I have read and agree to comply with the Art Show Rules:	Subtotal
	-15% commission
	Total Print Sales
Signature	-15% commission
<i>*NFS = Not for sale, A = Auction price, B= Bid sheet price, DS= Direct sale price</i>	Total Due Artist

Checked In By: _____ **Checked Out By:** _____
Artist Initials for Check-In _____ **Artist Initials for Check-Out** _____