

WORLD HORROR ART CONTROL SHEET
WORLD HORROR CONVENTION 2013

I would like to register as: ☐ An amateur ☒ A professional

ARTIST	AGENT (if applicable)
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
EMAIL:	EMAIL:
PHONE:	PHONE:
FAX:	FAX:

Fees paid:_____ | Check# or PayPal ID:_____ | # Panels/Tables:_____

pieces check in: by | # pieces checked out: by

[illegible]

I have read and agree to comply with the Art Show Rules:

SUBTOTAL

- 15% Commission

TOTAL PRINT SALES

- 15% Commission

TOTAL DUE ARTIST

Signature

Artist Payment Check #

Check here if you do not want photography of or near your artwork during the convention.