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
*NFS = Not for sale, A = Auction price, B= Bid sheet price, DS= Direct sale		**Total Due Artist**

Checked In By: **Checked Out By:**

Artist Initials for Check-In **Artist Initials for Check-Out**