

ARISIA Art Show Reservation Form

Name _____
 Address _____
 City _____ State _____ ZIP / Postal Code _____
 E-Mail Address _____ Country _____
 Professional Amateur Telephone () _____

Will you be attending ARISIA '05? Yes No Undecided
 (Please fill out the enclosed registration form and mail it to the address on the form if you wish to attend.)

Number of Panels* for Flat Work		\$20/Full	=	\$
		\$10/Half		\$
Number of Tables* for 3-D Work		\$5/Quarter		\$
	Mail-In Handling Fee (\$15)			\$
Print Shop Fees** (if any)			\$	
Fan Table Fee (\$20)			\$	
Total Reservation Fees			\$	

* Maximum of 2 units of space per artist (tables or panels), TOTAL (ask Art Show Director for more).
 Fan Table pick 3 preferred times:
 _____ Fri 2-6 _____ Fri 6-10
 _____ Sat 10-2 _____ Sat 2-6 _____ Sat 6-10
 _____ Sun 10-2 _____ Sun 2-6

Will you have prints in the Print Shop? Yes No Number of display copies

Full payment MUST accompany reservation! First panel/table free for Students!
 Check Enclosed (Please make checks payable in U.S. Funds to ARISIA '05.)
 Please charge my:
 MasterCard Visa Discover American Express
 Card Number _____ Expiration Date _____
 Signature _____

► Please indicate any special display instructions for your work on the back of this form. ◀

Agent's Name _____
 Address _____
 City _____ State _____ ZIP / Postal Code _____
 E-Mail _____ Country _____
 Pay sales receipts to Artist Agent Telephone () _____
I authorize the person specified above to act as my agent on my behalf at ARISIA '05.
 Signature _____ Date _____

Please return this form and payment before December 1, 2005 to:

Arisia '05 Art Show, One Kendall Square, PMB 322, Building 600, Cambridge, MA, 02139, USA

Note: By filing this form you indicate that you have read and accepted the Rules and Fees. Submission of this form DOES NOT guarantee a space in the Art Show or at a Bazaar Table.