*Artists should complete the non-gray blank fields. Please give the name our checks should be written to.*

| **Artist:**_____ | **Print Shop Fees Payable by Artist*** | |
|---|---|---|
| **Address:**_____ | **Number of Print Series: ___ x $2 each :** | **$_____** |
| _____ | ___ *Note that a single check for the total of both Art Show and Print Shop fees is acceptable.* | |
| _____ | | |
| **Phone:**_____ | | |
| **E-mail:**_____ | **Return Shipping Funds Provided:** | **$_____** |
| **Web Site:**_____ | **Pre-Paid: _____ or Check# :_____** | |
| | **Total Paid:** | **$_____** |
| | **Check#:_____** | |

**Return my unsold items using (check one): ___USPS ___UPS ___FEDEX ___Other: _____**

**Return my unsold items with the following amount of Insurance: $_____**

*We ask that single quantity prints be entered into the Art Show instead of the print shop.*

| in | # | **Title or Description of Each Print Series** | **Quantity** | **Price per print** | **Sold Tally** | **Total Sales Amount Per Series** | |
|---|---|---|---|---|---|---|---|
| | 1 | | | $ | | $ | |
| | 2 | | | $ | | $ | |
| | 3 | | | $ | | $ | |
| | 4 | | | $ | | $ | |
| | 5 | | | $ | | $ | |
| | 6 | | | $ | | $ | |
| | 7 | | | $ | | $ | |
| | 8 | | | $ | | $ | |
| | 9 | | | $ | | $ | |
| | 10 | | | $ | | $ | |

**LIMIT OF 10 PRINT SERIES PER ARTIST**

*The following section is for Art Show Staff use only. Use only on Page 1. Ignore this section on further pages (if any).*

| **# In:** | | *Add the print shop sales to page 1 of the Art Show Control Sheets (if any) for the same artist.* | **+Total Sales:** | **$** |
|---|---|---|---|---|
| **# Sold:** | | | **- Unpaid Fees Due:** | **$** |
| **# Out:** | | | **Shipping Costs:** **$** | |
| | **Dates** | | **+/- Diff. Return Shipping Funds:** | **$** |
| **Shipped:** | | | **Total Due Artist:** | |
| **Paid:** | | | **Check#:_____:** | **$** |