

CON†STELLATION ART SHOW CONTROL SHEET

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

Artist: _____ Address: _____ _____ Phone: _____ E-mail: _____ Web Site: _____	Art Show Fees Payable by Artist* Number of Panels: <u> </u> x \$20 per panel : \$ _____ Number of Tables: <u> </u> x \$20 per table: \$ _____ Return Shipping Funds Provided: \$ _____ Pre-Paid: _____ or Check# : _____ Total Paid: \$ _____ Check#: _____
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Return my unsold items using (check one): USPS UPS FEDEX Other: _____

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

It takes three bids to send a piece from the written auction to the voice auction.

i n	#	Title or Description	Minimum Bid	Immediate Purchase	After Auction	Buyer's Name & Badge Number	Sold
	1		\$	\$	\$		\$
	2		\$	\$	\$		\$
	3		\$	\$	\$		\$
	4		\$	\$	\$		\$
	5		\$	\$	\$		\$
	6		\$	\$	\$		\$
	7		\$	\$	\$		\$
	8		\$	\$	\$		\$
	9		\$	\$	\$		\$
	10		\$	\$	\$		\$
	11		\$	\$	\$		\$
	12		\$	\$	\$		\$
	13		\$	\$	\$		\$
	14		\$	\$	\$		\$
	15		\$	\$	\$		\$
	16		\$	\$	\$		\$
	17		\$	\$	\$		\$
	18		\$	\$	\$		\$
	19		\$	\$	\$		\$
	20		\$	\$	\$		\$
	21		\$	\$	\$		\$
	22		\$	\$	\$		\$
	23		\$	\$	\$		\$
	24		\$	\$	\$		\$
	25		\$	\$	\$		\$

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

# In:		<i>*Panel/Tables are only \$15 with attending membership.</i>	+Total Sales:	\$
# Sold:			- Unpaid Fees Due:	\$
# Out:			Shipping Costs:	\$
	Dates		+/- Diff. Return Shipping Funds:	\$
Shipped:			+Total Print Shop Sales (if any):	\$
Paid:			Total Due Artist: Check#: _____:	\$