## NOREASCON 4 ART SHOW REGISTRATION FORM

Artist's Name:	_ Agent's Name:					
Address:	Address:					
Dhona						
	Phone:					
	E-mail:					
Artist's Website URL:	_					
Professional [ ] Amateur [ ]	Print Shop: \$1.00 per copy—3-10 copies per print. #copies dimensions					
Number of Panels Requested: (Max. 3 units)						
Full (4' x 6'): @ \$60 per panel						
Half (4' x 3'): @ \$30 per ½ panel	"x"					
C \$50 per /2 paner	"x"					
Number of Tables Requested: (Max. 2 units)						
Full (6' x 30"): @ \$60 per table						
Half (3' x 30"):@ \$30 per ½ table	X					
παπ (5 x 50 )	, ``, ``, ``, ``, ``, ``, ``					
Maximum combined units: 3						
1 unit = 1 panel or 1 table	Total =					
$\frac{1}{2}$ unit = $\frac{1}{2}$ panel or $\frac{1}{2}$ table	All prints will be displayed in and sold through the Print Shop.					
Number of Pieces for Sale						
Number of Pieces NFS						
Any Special Display Requirements						
Make Payment Checks Payable to:  [ ] I want an artist table:Friday (\$20)Saturday (\$2	\$20)Sunday (½ Day - \$10) available on reverse side). out above info). atact Art Show Director for required approval.					
Maximum of 1 Panel (4' x 6') or $\frac{1}{2}$ Table (3' x 30") o	or 4 Print Images/20 Copies <b>Total Per Mail-In Artist</b> .					
\$ Art Show Fee (total panels & tables) \$ Print Shop Fee (\$1 per copy) \$ Mail-in fee (\$40 if permitted) \$ Artist Table Fee	[ ] MasterCard [ ] Visa Expiration Date:  Card#  Name on Card:					
\$ Total Amount	Signature:					
[ ] Check/Money Order made out to: Noreascon 4 [ ] Communicate only with agent [ ] Do <u>not</u> use E-mail to confirm space allocation, etc.	Signature.					
Please Return This Form ASAP but No Later Than July 31, Noreascon 4 Art Show, P.O. Box 1010, Framingh						
Phone (Evening) (508) 653 8781 E mail: ortohow						
i none (Evening) (500) 055-6761 E-mail. attsilow	@noreascon.org Fax: (617) 776-3243					
I have read the Noreascon 4 Art Show rules and agree to						

## Noreascon 4

62nd World Science Fiction Convention Sept. 2-6, 2004, Boston, Mass. Post Office Box 1010 Framingham, Massachusetts 01701 U.S.A. info@noreascon.org www.noreascon.org

## **Registration Form**

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	copies of our publicate of you prefer to rec						admissi	ions].			
Address					All members on this form must be at the same address. Please circle the names of children for whom you are purchasing children's admissions.						
City State					Zip/Postal						
Country	Country Telephone					Email					
I'd like information	on about: 🗆 Voluntee	ring $\square A$	dvertisir	ng $\square A$	Art Shov	w Info □D	ealers Ir	nfo			
			ate C	hov							
	cates how much an atten	ding or su	pporting n	nembers	ship, or a			cost if you p	urchase it		
Attending	<u>Upgrade</u>	<u>Sup</u>	porting	g	<u>Ins</u>	<u>tallment</u>		Child's			
<b>()</b> \$180	() \$145	(_	_) \$35		(	) \$		() \$10	15		
Supporting member Children's admissio accompany an a	nominate and vote in H is may nominate and vot ins do not include public adult attending member of the used to begin an Inst	e in Hugo cations or and be <b>12</b>	Awards a voting rig <b>years of a</b>	nd Site hts for t <b>ge or u</b> i	Selection he Hugo <b>nder</b> as c	n, and receive Awards or S of Sept. 6, 200	e convent ite Select 04.	ion publication. Childre	ons. n must		
Voter/pre-suppo	rt discounts expired	Feb. 28,	2002.	Ι_	_PR1	PR2 _	PR3	PR4 _	PR5		
Please circle pay	ment type below. N	Make ch	ecks pay	able t	o <u>Nore</u>	ascon 4 or	MCFI.				
Cash C	heck #	Visa	Master (	Card		Total men	bership	os			
Card #			Exp		_	Total payr	ment				
Name on card	1				_	Date					
	edit card charge will										
	Rates for me	mbershi	ips will i	increa	se Aug	ust 1. 20	04.				

<sup>&</sup>quot;Worldcon," "World Science Fiction Convention," and "Hugo Awards" are registered service marks of the World Science Fiction Society, an unincorporated literary society.