WORLD HORROR PRINT CONTROL SHEET

WORLD HORROR CONVENTION 2005

I would like to register as: ___ An amateur ___A professional

ARTIST	AGENT (if applicable)
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
EMAIL:	EMAIL:
PHONE:	PHONE:
FAX:	FAX:

Fees paid:_____ | Check# or PayPal ID:_____

pieces check in:_____ by _____ | # pieces checked out:_____ by _____

# of Pieces	Piece Name	Price Per	# Sold	Total	Notes

I have read and agree to comply with the Art Show Rules:

_____

Signature

SUBTOTAL