

WORLD HORROR ART CONTROL SHEET  
**WORLD HORROR CONVENTION 2009**

**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:\_\_\_\_\_ | # Panels/Tables:\_\_\_\_\_

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

[illegible]

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

**SUBTOTAL**

- 12% Commission

TOTAL PRINT SALES

- 15% Commission

**TOTAL DUE ARTIST**

Signature

Artist Payment Check #

Check here if you do not want photography of or near your artwork during the convention.