

WORLD HORROR PRINT CONTROL SHEET
WORLD HORROR CONVENTION 2010

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 _____

[illegible]

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

SUBTOTAL

Signature