ConStellation Art Control Sheet

Artist Name:	e: Phone #: E-mail: Website:							
Address:								
City:	State/Province:			Zip/Postal Code:				
May we give	out your phone () or address () to: other art show	s (); an	yone who	asks (); do not r	elease info	! ()
Name of person	on/business we make check(s) pay	vable to:						
				Quick	ConStellation Art Show Use Only!			
	Title		Min. Bid	Sale	# bids	Sold	Initial	Final
1						for:	Check	Check
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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14								
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21 22								
23								
24								
25								
	ing fees (50 per piece submitted):	· ¢	Pre poid	return shi	nning subr	mitted: ¢		<u> </u>
Hanging fees (.50 per piece submitted): \$ Pre-paid return shipping submitted: \$ Insure return shipping for: \$								
			Ψ					
I have read and accept the ConStellation Art Show guidelines.								