Norwescon 29 Art Show

Sheet _____ of _____

Artist Checkin

Artist: _____ **Artist No:** _____

Address: _____

_____

City: _____ **State:** _____ **Zip / PC:** _____

Phone: _____ **Country:** _____

E-Mail: _____ **Web Site:** _____

Art Sign In

Art No.	Art Title	For Sale	Min. Bid	Direct Sale	For Post Auct. Sale?	Comment	Artist Initials	Staff Initials
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Print Shop Sign In

Print No.	Print Title	Print Price	Display Copy Price	Comment	Artist Initials	Staff Initials

I acknowledge that everything listed on this form is true and correct.

_____ _____ _____ _____

Artist Date Norwescon Art Show Staff Date

Entered By: _____ Date: ____/____/____