

CON†STELLATION ART SHOW CONTROL SHEET

Page of

Artists should complete the non-gray blank fields. Please give the name our checks should be written to.

Artist: _____
Address: _____

Phone: _____
E-mail: _____
Web Site: _____

Art Show Fees Payable by Artist*	
Number of Panels: <u> </u> x \$10 per panel :	\$ <u> </u>
Number of Tables: <u> </u> x \$10 per table:	\$ <u> </u>
Return Shipping Funds Provided:	\$ <u> </u>
Pre-Paid: <u> </u> or Check# : <u> </u>	
Total Paid:	\$ <u> </u>
Check#: <u> </u>	

Return my unsold items using (check one): **USPS** **UPS** **FEDEX** **Other:** _____

Return my unsold items with the following amount of Insurance: \$

It takes three bids to send a piece from the written auction to the voice auction.

i	n	#	Title or Description	Minimum Bid	Immediate Purchase	After Auction	Buyer's Name & Badge Number	Sold
		1		\$	\$	\$		\$
		2		\$	\$	\$		\$
		3		\$	\$	\$		\$
		4		\$	\$	\$		\$
		5		\$	\$	\$		\$
		6		\$	\$	\$		\$
		7		\$	\$	\$		\$
		8		\$	\$	\$		\$
		9		\$	\$	\$		\$
		10		\$	\$	\$		\$
		11		\$	\$	\$		\$
		12		\$	\$	\$		\$
		13		\$	\$	\$		\$
		14		\$	\$	\$		\$
		15		\$	\$	\$		\$
		16		\$	\$	\$		\$
		17		\$	\$	\$		\$
		18		\$	\$	\$		\$
		19		\$	\$	\$		\$
		20		\$	\$	\$		\$
		21		\$	\$	\$		\$
		22		\$	\$	\$		\$
		23		\$	\$	\$		\$
		24		\$	\$	\$		\$
		25		\$	\$	\$		\$

The following section is for Art Show Staff use only. Use only on Page 1. Ignore this section on further pages (if any).

# In:			+Total Sales:	\$
# Sold:			- Unpaid Fees Due:	\$
# Out:			Shipping Costs:	\$
	Dates		+/- Diff. Return Shipping Funds:	\$
Shipped:			+Total Print Shop Sales (if any):	\$
Paid:			Total Due Artist: Check#: <u> </u>:	\$