

CON†STELLATION PRINT 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: _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">Print Shop Fees Payable by Artist*</th> </tr> <tr> <td>Number of Print Series: ___ x \$2 each :</td> <td align="right">\$ _____</td> </tr> <tr> <td colspan="2"><i>* Note that a single check for the total of both Art Show and Print Shop fees is acceptable.</i></td> </tr> <tr> <td>Return Shipping Funds Provided:</td> <td align="right">\$ _____</td> </tr> <tr> <td>Pre-Paid: _____ or Check# : _____</td> <td></td> </tr> <tr> <td align="right">Total Paid:</td> <td align="right">\$ _____</td> </tr> <tr> <td align="right">Check#: _____</td> <td></td> </tr> </table> | Print Shop Fees Payable by Artist* | | Number of Print Series: ___ x \$2 each : | \$ _____ | <i>* Note that a single check for the total of both Art Show and Print Shop fees is acceptable.</i> | | Return Shipping Funds Provided: | \$ _____ | Pre-Paid: _____ or Check# : _____ | | Total Paid: | \$ _____ | Check#: _____ | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|-------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------|--|----------------------------------------|-----------------|-------------------------------------------------|--|--------------------|-----------------|----------------------|--|
| Print Shop Fees Payable by Artist* | | | | | | | | | | | | | | | |
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| Pre-Paid: _____ or Check# : _____ | | | | | | | | | | | | | | | |
| Total Paid: | \$ _____ | | | | | | | | | | | | | | |
| Check#: _____ | | | | | | | | | | | | | | | |

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

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

We ask that single quantity prints be entered into the Art Show instead of the print shop.

| i n | # | Title or Description of Each Print Series | Quantity | Price per print | Sold Tally | Total Sales Amount Per Series |
|--------|----|-------------------------------------------|----------|-----------------|------------|-------------------------------|
| | 1 | | | \$ | | \$ |
| | 2 | | | \$ | | \$ |
| | 3 | | | \$ | | \$ |
| | 4 | | | \$ | | \$ |
| | 5 | | | \$ | | \$ |
| | 6 | | | \$ | | \$ |
| | 7 | | | \$ | | \$ |
| | 8 | | | \$ | | \$ |
| | 9 | | | \$ | | \$ |
| | 10 | | | \$ | | \$ |

LIMIT OF 10 PRINT SERIES PER ARTIST

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

| | | | | |
|-----------------|--------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|
| # In: | | <i>Add the print shop sales to page 1 of the Art Show Control Sheets (if any) for the same artist.</i> | +Total Sales: | \$ |
| # Sold: | | | - Unpaid Fees Due: | \$ |
| # Out: | | | Shipping Costs: | \$ |
| | Dates | | +/- Diff. Return Shipping Funds: | \$ |
| Shipped: | | | Total Due Artist: | |
| Paid: | | | Check#: _____: | \$ |