

# Necronomicon Art Show Registration Form

Artist: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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## Art Show Space Reservation

	Quantity	Amount
Full Panel (3'x6') @ \$18 each	_____	_____
Four-Panel Bay @ \$65 (one per artist)	_____	_____
Full Table (8') @ \$18 each	_____	_____
Half Table (4') @ \$9 each	_____	_____
Make checks payable to NECRONOMICON, or pay on-line by PayPal at <a href="http://www.stonehill.org">www.stonehill.org</a> (click on "Join Us")	<b>Total</b> _____	_____

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### Please Indicate:

Attending \_\_\_\_\_ Mail-In \_\_\_\_\_ Shipping: USPS \_\_\_\_\_ Other (must provide label) \_\_\_\_\_

- \_\_\_\_\_ I would be interested in participating in art-related programming.  
\_\_\_\_\_ I am interested in helping with set-up, teardown, or volunteering time at the Art Show.  
\_\_\_\_\_ I will permit news filming and/or newspaper photography of my work. Photography of any sort will not be allowed without the artist's permission.  
\_\_\_\_\_ I do not object to the Art Show giving my email/web site to buyers requesting that information.

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If you have questions, or have any other special requirements, please list them here: \_\_\_\_\_

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Complete and return this form to ensure your space. Your emailed Artist Number will be your confirmation. If you would like us to mail your control and bid sheets, you must provide a **Self-Addressed, Stamped envelope**. Address all enquiries and forms to: Necronomicon Art Show, c/o Stacy Lung, 1153 Waterview Blvd. East, Lakeland, FL, 33801. Phone: (863) 666-1991 until 10pm EST, email: [necronomiconartshow@yahoo.com](mailto:necronomiconartshow@yahoo.com).

***Signature of this form acknowledges acceptance of ALL art show rules and regulations.***

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Signature

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Date