

OASIS Art Show Registration Form

Artist Number _____ (assigned after payment received)

Artist: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Email: _____

Agent: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Email: _____

Art Show Space Reservation

	Quantity	Amount
Full Panel (4'x4') @ \$9 each:	_____	_____
Full Table (6') @ \$15 each:	_____	_____
Return Postage:		_____
Insure for \$:		_____
Make checks payable to OASFiS	Total	_____

(OASIS use only: Check # _____ Date Received _____)

Please Indicate

Attending/Dropping Off _____ Mail-In _____ **Deadline for mail-in art work is 5 days prior to show start.**
 Return Shipping: _____

- _____ 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.
- _____ **I have artwork for the Print Shop (limited space available).**

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

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: OASIS Art Show, c/o Juan Sanmiguel, 1421 Pon Pon Court, Orlando, FL 32825 or email: artshow@oasfis.org.

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

 Signature _____
 Date