

# KEYCON ART SHOW

Date:  
Name:  
Address:

Professional Status:  
Agent:  
Address:

Phone:  
Email:

Phone:  
Email:

IN	TITLE OF ARTWORK	MIN BID	DIRECT SALE	AFTER AUCTION	SOLD FOR	BUYER NAME/NUMBER	OUT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Total # pieces entered	_____
Check in (staff)	_____
Check in (artist/agent)	_____
# pieces sold	_____
# pieces returned	_____
Check out (staff)	_____
Check out (artist/agent)	_____

TOTAL \$-  
0% COMMISSION  
SHIPPING: owing/due  
MISCELLANEOUS  
TOTAL SALES \$-

Make check payable to \_\_\_\_\_  
Check # \_\_\_\_\_ \$ \_\_\_\_\_ at con by mail date \_\_\_\_\_

FEES:			
	Num of Units	Price per Unit	Total \$\$ per Unit
2x4 Panels	0	\$7.50	\$-
4x4 Panels	0	\$15.00	\$-
4 for 3 Panels	0	\$45.00	\$-
Full Table	0	\$10.00	\$-
Half Table	0	\$5.00	\$-
<b>Total Fees</b>			<b>\$-</b>

MAIL-INS:	
Received by:	_____
Method Shipped:	_____
Return Ship Ck #	_____
Amount \$	_____
Insured? Yes No	
Amount \$	_____