ConDFW Art Show Print Shop

Artist #_____Page _____Of_____

Location #_____

Name: _____

Address: _____

_____

Phone # _____

Media Photography? Yes No

Professional Status? Semi Pro Amateur

Room # if staying in Hotel: _____

P No.	in	out	Title of Piece / Package	Copies	Price	# Sold	# Ret.	$ Sold	Buyer #'s

#___Panels $_____

#___Tables $_____

Mail-In $_____

Total fees paid: $_____

Entered: _____

Sold: _____

#Returned: _____

Ck In by: _____

Artist:_____

Ck Out by: _____

Artist:_____

Make Checks Payable to:

_____

Paid: $_____ by mail on: _____/____ By: _____

Total this page: _____

Total page 2: _____

Total Sales: _____

10% Com: _____

Shipping: _____

Miscellaneous: _____

TOTAL DUE: _____

MAIL - INS

Recieved by:

_____

Method:

Fed UPS USPS

Ret. Ship Ck:#

_____

Amt.

$_____

Insured

Yes No

Amt.

$_____

Total Shipping

$_____