



VCON 35 ART EXHIBITOR REGISTRATION FORM

**** THIS FORM RESERVES EXHIBITING SPACE ONLY. ****

Reg # _____

Reg by: _____

I emailed a copy of this form to Art Show (rjwdew@telus.net) on _____ (date)

Separate form required for each exhibitor.

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Artist Information:

Legal Name _____ Studio Name _____

Mailing Address _____

City _____ Province/State _____ Postal/Zip Code _____ Country _____

Phone # (____) _____ Email Address _____

Web Site URL _____ Agent's Name _____

Agent's Address _____

Agent's Phone _____ Agent's email address _____

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Exhibitor rates: in Canadian dollars Panels are 4' x 4' Full Tables are 6' x 3'.

Half Tables are 3' X 3'

I would like to reserve the following:

Display Type	Yes	# x Full Rate		# x Student Rate*	Subtotal
Full Table(s)	_____	_____ x \$20	OR	_____ x \$15	\$ _____
Half Table	_____	1 x \$10	OR	1 x \$8	\$ _____
Panel(s)	_____	_____ x \$15	OR	_____ x \$12	\$ _____

*** Students must provide a photocopy of current student photo ID with this application to receive the Student rate.**

TOTAL \$ _____

I AM INTERESTED IN SELLING PRINTS IN THE PRINT SHOP

Paid by: _____ Cash _____ Cheque _____ VISA _____ PayPal

Mail completed form to:

VCON 35, Box 78069, Grandview RPO, Vancouver, BC, V5N 5W1, Canada

We accept payment by money order, cheque and VISA or VIA Paypal when purchase is made online at www.vcon.ca. This form MUST also be mailed when paid by Paypal.

VISA # _____ Expiry Date ___ / ___

Cardholder Name _____

Cardholder Signature _____

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VCON 35 Art Exhibit Registration Receipt

Reg # _____

Name: _____ Reg by: _____

Exhibiting: Table ½ Table Panel (1) Panel (2) Panel (3) Panel (____) Print