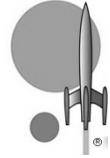


Archon 48 Art Show Registration



Please print

First Name _____ MI^(opt) _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

I will participate by (*check one*) :

- Attending in person
- Sending art via mail
- Sending art via agent

I will need:

- _____ Panels (*number*) - \$20 per panel
- _____ Tables (*number*) - \$20 per table
- Space in the print shop -\$7

Payment:

Checks or money orders should be made payable to “Archon” and sent with this response to:

Archon Art Show Director
PO Box 440332
Saint Louis, MO 63144

For instructions on how to mail in your artwork, please email
artshow@archonstl.org