

CON ON THE COB

ART SHOW REGISTRATION FORM

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE#:

EMAIL:

OF PANELS (\$10 each):

Year:

OF TABLES (\$10 each):

TOTAL COST:

PAYMENT TYPE (CIRCLE): CHECK CASH CREDIT

CREDIT CARD #:

EXP. DATE:

VERIFICATION. #:

SIGNATURE:

SPECIAL INSTRUCTIONS OR REQUESTS: