



CHOOSE ONE

Display Art

Send Check To: Artist Agent

Art Show Control Sheet

Print Shop

Check Payable to: Artist Agent

| | | | | | |
|--------------------|--|--|-------------------|--|--|
| Artist Name | | | Agent Name | | |
| Address | | | Address | | |
| City State ZIP | | | City State ZIP | | |
| Phone | | | Phone | | |

| Title | Publishing Rights | Minimum Bid | Quick \$ale | Sunday Sale | Buyer Badge# | Sale Price |
|-------|--|-------------|-------------|-------------|--------------|------------|
| 1 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 2 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 3 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 4 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 5 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 6 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 7 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 8 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 9 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 10 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 11 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 12 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 13 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 14 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 15 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 16 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 17 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 18 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 19 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |
| 20 | <input type="checkbox"/> Yes <input type="checkbox"/> NO | \$ | \$ | \$ | | \$ |

| | | |
|-----------------------------------|-----------------------------|-----------------------------------|
| Checked in by _____ | MarsCon Use Only | Sales Subtotal \$ _____ |
| Data Entry Done _____ | | LESS: Commission (10%) (\$ _____) |
| Display Fees Collected by _____ | | LESS: UNPAID Fees (\$ _____) |
| Display Fees Received \$ _____ | | LESS: Mailing Expense (\$ _____) |
| Display Fees Outstanding \$ _____ | | Total Owed Artist \$ _____ |
| Mailing Fee \$ _____ | | |