ARTIST RESERVATION FORM

West Hollywood / Los Angeles Erotic Art Fair Weekend September 21st thru 23rd, 2007
Art Fair Dates: Saturday & Sunday: September 22nd thru 23rd
RESERVATION DEADLINE EXTENDED, CALL FOR SPACE AVAILABILITY

Booth reservations are made upon receipt of this application with payment. Space is limited. A submitted application does not guarantee acceptance. There will be 10 booths set-aside for new artists this year. E-mail for details!

Tom of Finland Foundation Attn: WHLA EAFW Artist Reservations 1421 Laveta Terrace Los Angeles, CA 90026

Note: Entries received after September 1 will be subject to a

Please indicate any special requirements you have, e.g., access

\$25 processing fee for a total booth registration of \$200.

to electricity:

213.250.1685 213.481.2092 fax

Administration@TomOfFinlandFoundation.org

Artist Reservation (1) included w/ booth = \$

Awards Banquet - Saturday 22nd. Cocktails at 8:00 pm

\$175.00 = \$____

Form Version: MS WORD

Booth Registration

Booth Description: Size: 8' x 6' (approximate), one 6' table, one chair, back wall or partition for display. Booth placement will be decided approaching the event, in the month of September. Booth registration includes: • Admission to the Friday evening Artists Reception for the artist and one assistant. • Admission to the Saturday evening Awards Banquet for the artist.

Please indicate the average weight of any works that need to be wall mounted:	Member or (1) Assistan Non-Artist Plate	st \$45.00 ea X = \$ \$55.00 ea X = \$
For additional booths, chairs or table, contact the Foundation prior to payment for availability.	Total	\$
A limited number of hardship grants to cover the booth fee in whole or in part are available. Please call our Administrator at the office for information on the Marcello Lupetti Artist Fund.		
We will distribute a program that will be given to all Fair attendees with artist contact info. Please indicate the following for your listing:		
1) Your real name or artist name depending on how you want to be billed:		
2) How you want people to contact you: website, e-mail OR phone:		
3) A 3 or 4 word description of your art, e.g. Oil Paintings, Sculpture, Drawings:		
Legal Name	Artist Name	
Address		
City State	ZipCour	ntry
Phone Fax		
E-mail: Website:		
Payment enclosed (indicate one):		
Check # Money Order Visa MasterCard American Express		
Credit Card # Exp:/ Signature:		

PLEASE ENCLOSE TWO SAMPLES OF THE TYPE OF WORK YOU WILL BE SHOWING WITH THE APPLICATION! (Images should be 800 pixels minimum in the largest dimension, but no more than 1 megabyte for each image.)

Additional copies of this form are available on our website: TomOfFinlandFoundation.org