



ART SHOW CONTROL SHEET

Panels Reserved 3D Space Reserved Print Shop Reserved

Artist Name:	#
Agent Name:	
Street Address:	
City / State / Zip:	
Phone:	E-Mail:

#	In	Title	Min. Bid	Quick Sale	Sold Amt.	Sold To:	Out
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

_____ Pieces Entered _____ Pieces Sold _____ Pieces Returned ✓ In By: _____ ✓ Out By: _____ Want Buyer's e-Mail Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Shipper: _____ Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> Amt: \$ _____ Return Shipping Paid: \$ _____ Actual Postage: \$ _____ Difference +/-: \$ _____	Bid/Auction Sales: \$ _____ Quick Sales: \$ _____ Print Shop Sales: \$ _____ Subtotal: \$ _____ 10% Commission -: \$ _____ Shipping Adjustment: \$ _____ Total Due Artist: \$ _____ Xanadu Check # _____
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