ORYCON ART SHOW CONTROL FORM

Artist Name:	**Agent Name:**
Address:	**Email:**
City:	**Phone:**
State/Zip:	
Email:	
Phone:	

OryCon will not accept artwork from, or release unsold artwork to, anyone other than the artist/agent named above without written release statement from the above artist/agent.

Item #	Title	Min Bid	Direct Sale	Sale Amt.	In	Out