Visioncon Art Show Control Sheet

Artist #: _______________ Sheet _____ of ______
Artist Name: ____
Telephone #: ____________________________

Check in piece	Piece #	Piece Title	Min. Bid	Quick Sale	Final sale price

Total:

Total Number of Pieces Received:
Art received for Visioncon by: ____ Date: _____/_____/_______
Total Number of Pieces Returned:
Art Returned to *Artist/Agent:* ____ Date: ______/______/______
Staff: ______________