



L O S C O N 4 6
 NOV 29-DEC 1 2019 • MARRIOTT LOS ANGELES

Artist name: _____

Agent name: _____
 (If you have a DBA (doing business as) name or alias that you want used – please indicate it here)

Name to make checks out to (if different from above): _____

Address: _____

City, State, Zip: _____

Telephone (Mobile preferred): _____

E-Mail: _____

Website: _____

OK to release your contact information if requested?

Lights needed? _____

Please request only if necessary

Double wide needed? _____

Totals:

Pegboard Panels (3' wide by 4' high) # _____ x \$15.00 = \$ _____

Table Spaces (3' long by 2.5' deep) # _____ x \$15.00 = \$ _____

Prints # _____ x \$ 1.00= \$ _____

Mail-In Artists:

Mail-In handling fee @ \$20.00 = \$ _____

Return Postage @ \$25.00 = \$ _____

I am sending a prepaid label _____

Total enclosed \$ _____

Please make checks payable to "Loscon" and mail to:

Elizabeth Klein-Lebbink
1010 E. Acacia Ave
El Segundo, CA 90245

We cannot guarantee space availability without the receipt of fees.