

# SUFFOLK CRAFT SOCIETY EXHIBITION

ACTING AS AN AGENT ON BEHALF OF ITS MEMBERS

Exhibition title:

Dates:

## ENTRY FORM

### THE MAKER AGREES TO PAY THE EXHIBITION FEE OF £15 BY CARD ON DELIVERY

Please complete in triplicate, two copies brought with your work to the exhibition and one copy kept for yourself. Send one copy electronically or by post to the designated person coding the sales system.

<b>Name:</b>	<b>Maker's Code:</b>
<b>Address:</b>	
<b>VAT Reg No:</b>	<b>Craft:</b>
<b>Mobile No:</b>	<b>Landline No:</b>
<b>Email:</b>	

I give the SCS permission to use any photographs or films including my work for publicity purposes only.

SIGNED (Exhibitor) ..... Date .....

Instructions for labelling your work are given in the Exhibition Instructions for the individual exhibitions. Information on the labels must match the information given on this form. Examples of how to describe your items are given in the greyed section at the top of the form. Each item should have your Maker's Code, and a unique three digit Item Number for the item (start from 001) and the price (inclusive of VAT if applicable).

Please note that prices should include the Society commission: 35% up to £500, 20% for the remainder over £500.

### INSURANCE

All work displayed, whether for viewing or sale, under the Suffolk Craft Society banner at any Show or Exhibition will be covered by the Society's policy for fire and theft through break in. This cover is based on the Insurers defined 'replacement cost'. The Committee regrets that the Society cannot accept responsibility for damage or loss of any article except for the above noted cover. Cover is provided for the Total Retail Price declared on the form. Please record this accurately.

Individual makers are strongly advised to take out their own insurance to cover accidental loss or damage at all forms of Show or Exhibition and in transporting work to and from them.

The exhibition organisers' decisions on hanging and display are final.

**THE MAKER AGREES TO PAY THE EXHIBITION FEE OF £15 BY CARD ON DELIVERY**

NAME: \_\_\_\_\_ MAKER'S CODE: \_\_\_\_\_

Please complete this ENTRY FORM with details of items submitted, and total the Retail Price column for insurance value.

Checked In	Maker Code	Item Number	Retail Price	Title or Description	DO NOT USE
					Date Sold
Example	184	001	£300.00	Example Item	
Example	184	002	£250.00	10 x Whatsits @ £25 each	
Total Retail Price					

(Carry forward to continuation sheet)

(Carry forward to continuation sheet)

SIGNED (Exhibitor) ..... Unsold Items checked by.....

Received for SCS ..... Taken by .....

Date..... Date .....

