OTAKON®

Walter E. Washington Convention Center
801 Mt Vernon Pl NW
Washington, DC 20001
August 6th - August 8th 2027

Art Show Artist Agent Authorization Form

PLEASE PRINT CLEARLY
FILL OUT COMPLETELY

Artist Name: _____

Artist Email: _____

Artist Phone #: _____

Agent Name: _____

Agent Email: _____

Agent Phone # *(Where you can be reached at the convention)*: _____

I (Artist) _____ hereby give permission to _____ (Agent) to submit my artist registration form, my physical artwork, and my completed W9 form. I, the artist, have sent and completed the Artwork online Picture Submission Process. I have submitted a copy of my government issued ID along with that of my agent. I understand if my agent wishes to enter Art Show as an artist they must register separately. I understand if my agent attempts to register their artwork under my registration both myself and my agent will be disqualified from participating in Art Show. I, the artist, and my agent acknowledge and will abide by all Requirements and Guidelines of Art Show.

Artist Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Staff Use Only

Staff Name: _____

Date: _____

NOTES

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MUST HAVE:

- ☐ Artist Registration Form (via email)
- ☐ Artist Artwork Online Picture Submission Process Complete
- ☐ Copy of Agent ID*
- ☐ Copy of Artist ID*
- ☐ Copy of Artist's W9 (via email)
- ☐ Application Payment $25 per lot (10 pieces)

*Unless they are a Parent or Guardian registering on behalf of an artist under the age of 18