

Philcon 2009 Registration Form

November 20-22, 2009

Crowne Plaza Hotel, Cherry Hill, NJ

Membership rates are for the entire conference. Group Rate is valid when 10 or more registrations are sent together; use second form to complete list. Mail-in Memberships **must be postmarked before the rate change** to qualify for that stated rate. There are no refunds of memberships; however, memberships may be transferred with a written, signed document. Please print legibly, or use the form's data fields.

First Name _____ Last Name _____ Salut. _____ Badge Name _____

Address line 1 (street address) _____ Address line 2 (apartment, box number, etc.) _____

City _____ State _____ Zip Code _____ Country _____ Rate Code (see below) _____

Phone Number _____ Email _____

Please list any additional names, along with addresses (if different than the main address). If a "Badge Name" is desired, list that next to the name. Include the names of all children under the age of 7 as of Nov. 20, 2009.

Name 2 _____ Badge Name 2 _____ Address 2 _____ Rate Code (see below) _____

Name 3 _____ Badge Name 3 _____ Address 3 _____ Rate Code (see below) _____

Name 4 _____ Badge Name 4 _____ Address 4 _____ Rate Code (see below) _____

Name 5 _____ Badge Name 5 _____ Address 5 _____ Rate Code (see below) _____

Rate Code	Number of Memberships	2/01/09 thru 5/31/09	6/1/09 thru 8/31/09	9/1/09 thru 10/31/09	11/1/2009 At-Con Rates	Total (\$)
Adult (A)	_____	_____	_____	_____	_____	_____
Adult Group Rate (G)	_____	_____	_____	_____	No group rates after 10/31/2009	_____
25 and Under (ages 7-25)	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____

Children under age 7 admitted free. **NOTE:** No children under the age of 16 will be admitted except in the company of their parent or adult guardian. A waiver of the conference's responsibility will be required. Student ID or copy must be submitted with payment to qualify for Student rate. **Proper ID will be required to register at Philcon!**

Payment: We only accept Visa, Mastercard, or checks made out to the "Philadelphia Science Fiction Society."

Payment Method _____ Check Number or Credit Card Number _____ Expiration Date _____ Security Code _____

Yes, I would like email confirmation of my Registration.

Signature: I hereby authorize this charge to be made on my account _____

Please print and mail this form to **Philcon Registration, PO Box 8303, 30th Street Station, Philadelphia, PA 19101.**

To stay informed, or contact us, information can be found at our website <http://www.philcon.org>.

Philcon is a registered service mark of the Philadelphia Science Fiction Society.

Philcon Use Only: Received By _____ Date Received _____ Reg # 1 _____ Reg # 2 _____ Reg # 3 _____ Reg # 4 _____ Reg # 5 _____