# PHILCON 2005 REGISTRATION

NAME_____
ADDRESS _____

_____

CITY_____STATE____ZIP _____
EMAIL_____

☐New address? ☐Is this your first Philcon?
☐ Email address on badge instead of city/state?

Memberships at the following rates must be ***postmarked*** by the dates shown to be accepted. Prices are for the entire conference unless otherwise noted.

## Membership Rates

| | How many | Until 9/15/05 | Until 11/15/05 | Total |
|---|---|---|---|---|
| **Adults** | | **$35** | **$40** | |
| **Adults** (group rate) | | **$30** | **$35** | |
| **Children** (ages 7 to 12**)** | | **$20** | **$20** | |
| **Babies & Toddlers** (age 6 and under**)** | | Free w/ Paying adult | | |
| **Babysitting** (age 6 and under**)** | | **$50** | **$50** | |
| **Total Memberships** | | | | |

**At the door: Adults $50, Children $25. Day rates will also be available. Group Rate is valid when 10 or more registrations are sent together.**

☐Check (payable to the "Philadelphia Science Fiction Society")

☐VISA ☐MasterCard

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

*(I hereby authorize this charge to be made on my account)*

**SIGNATURE:_____EXPIRES: ___/___**

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. Please include the names of *all children* under the age of 16 as of Dec. 9, 2005. Check of each child for whom babysitting is **requested.**

| Babysitting? | Name (Badge Name, if different) | Childs Age |
|---|---|---|
| ☐ | _____ | _____ |
| ☐ | _____ | _____ |
| ☐ | _____ | _____ |
| ☐ | _____ | _____ |
| ☐ | _____ | _____ |

### Volunteer to help at Philcon!

What would you like to help with Philcon? If so, please indicate which department(s):

☐Art Show/ Print shop ☐Babysitting ☐ Con Suite ☐General
☐ Information ☐ Logistics ☐ Masquerade ☐ Operations
☐Programming ☐Registration ☐Other_____

**Your Phone #:_____**

Philcon is run by fans for fans. Every year we rely on people like you to keep things running smoothly. If you are unable to offer help in advance, we greatly appreciate any time you can give us at the con. Stop By the Volunteers table at Philcon to find out how you can help!

**NOTE:** ***No*** children under the age of16 will be admitted except in the company of their parent or adult guardian. A waiver of the conference's responsibility will be required of the parent or legal adult guardian.
**Proper ID will be required to register at Philcon!**

**Please Mail this form to:**
**Philcon Registration**
**PO Box 8303**
**30th Street Station**
**Philadelphia, PA 19101-8303**
**Email: registration2005 @ philcon.org**
(Email is for inquiries only, no email registrations will be accepted)

**Online Registration is also available at www.philcon.org**

**For Philcon Registration Use ONLY!**
**Membership number(s)_____through_____**
**Date Received_____ CK MO CC TC CASH (WEB)**

----------DETACH HERE----------

**If you would like a confirmation of your Registration,**
**Please provide your email address or a self-addressed, stamped envelope with your registration form.**

**Correspondence to Registration, Dealer and Art Show information requests, Programming, Advertising, Press and any other correspondence should go to PO Box 8303, Philadelphia, PA 19101-8303.**

**Email address for individual departments, as well as a link to the Marriott Hotel, may be found at our website:**

WWW.PHILCON.ORG

07/20/2005