

Name: _____ Adult Child (circle one)

Badge Name: _____

Name: _____ Adult Child (circle one)

Badge Name: _____

Name: _____ Adult Child (circle one)

Badge Name: _____

Name: _____ Adult Child (circle one)

Badge Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

E-mail: _____ Phone: () _____

(Please copy this page for additional registrations, one address per form please)

If postmarked by: **02/28/12** **04/30/12** **After/At door** Quantity Total

Adult (13+) \$50 \$55 \$62 x _____ \$ _____

Child (age 6-12) \$25 \$28 \$31 x _____ \$ _____

Balticon 4 (20) 3 DVD set, including Masquerade, Special Events and

Film Festival entries \$30 (includes tax & shipping) x _____ \$ _____

Tax deductible donation to BSFS to support Literary Projects ----> \$ _____

Total \$ _____

Payment Options:

Check/Money Order payable to Balticon MasterCard Visa

Card Number: _____ Expiration (Month/Year) _____

Signature of Cardholder: x _____

Cardholder name as it appears on the card: _____

Card Billing Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Send this form and payment to: Balticon 46 Registration
P.O. Box 686
Baltimore, MD 21203-0686

If you are interested in additional information on any of the following departments or activities at Balticon:

Handicapped Access Open Staff/Volunteer Positions Artist Alley BSFS Books for Kids Fan Tables
Becoming a Balticon Sponsor Party Registration Artist Registration Masquerade Poetry
Track/Workshop Advertising in the BSFan Young Writers Contest Writers Workshop Film Festival
Costuming Track/Workshop Becoming a Program Participant.

Please see the pages that follow.

On the following pages you will find all the departments and activities mentioned above. Please fill in your contact information for each department and or activity you are interested in, please **cut that slip of paper out** and include along with your completed registration form. Your contact information will be forwarded to the staff of that department or activity.

If you are not interested in any additional information, just print the first page of this form and return the completed form to the mailing address provided.

I am interested in information on Handicapped access at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on Volunteering/Staff Positions at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on Artist Alley at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on BSFS Books for Kids at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on Fan Tables at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

I am interested in information on the being a Sponsor at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on Party Registration at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on Artist Registration at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on the Masquerade and or the Costuming Track at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on the Poetry Track/Workshop at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

I am interested in information on advertising in the BSFan at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on the Young Writer's Contest at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on the Writer's Workshop at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on the Film Festival
at Balticon. My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

----- CUT HERE -----

I am interested in information on becoming a Program Participant at Balticon.
My contact information is:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____