

**Balticon 47 Registration Form - Mail-in Registration deadline is May 2, 2013.**

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:	/	/1	04/30/13	After	At door	Quantity	Total
Adult (13+)	\$50	\$	\$	\$	\$TBD	x_ _	\$_____
Child (age 6-12)	\$25	\$	\$	\$	\$TBD	x_ _	\$_____

Balticon 46 (2012) DVD set, including Masquerade, Special Events and select

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 47 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 want to help! Tell me about Volunteering/Staff Positions for Balticon.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

I would like to have a table on Artist Alley at Balticon. Please tell me how to arrange that.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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I have items to donate for the BSFS Books for Kids program.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

My organization would like a Fan Table at Balticon. How do we arrange that?  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Send me information on being a Balticon Sponsor.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

What do I need to do to have a Party at Balticon? Please send me information.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Please send information about Artist Registration for the Balticon Art Show.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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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 Workshop at Balticon.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please send me information on advertising in the BSFan (the Balticon collectible magazine).  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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Please send me information on Young Writer's Contest at Balticon.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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Please send me information on Writer's Workshop at Balticon.  
My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

I have a film I want to submit for Film Festival. Send me information on submitting  
at Balticon. My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_