

*Dragon*Con*

Eternal Membership

Please Print Clearly
Please only one membership per form

(Feel free to make copies)

Date: _____

Last Name: _____ First Name/Middle Initial: _____

Address: _____

City/State: _____ Zip Code: _____

Country: _____ Birth date: _____

Home Phone: () _____ Email: _____

Badge Name (limited to 17 characters): _____

Primary Interest: (Check one):

<input type="checkbox"/>	Anime	<input type="checkbox"/>	Art	<input type="checkbox"/>	Books	<input type="checkbox"/>	Comics	<input type="checkbox"/>	Film/TV
<input type="checkbox"/>	Games	<input type="checkbox"/>	Horror	<input type="checkbox"/>	Music	<input type="checkbox"/>	Science	<input type="checkbox"/>	Writer

____ Eternal membership for Dragon*Con (\$2000)

Total: _____ Paid by: __Cash __Money Order __Check __Charge (Visa/MasterCard only)

Account Number: _____ - _____ - _____ - _____ Exp Date: _____/_____

Mail payments to:

Dragon*Con Eternal Memberships
PO Box 16459
Atlanta, GA 30321-0459

Credit card purchases only may fax registration forms to (770) 909-0112. For additional information please call us at (770) 909-0115 or email us at dragoncon@dragoncon.org.

I agree to be completely responsible for any and all damage I cause to Hotel or Convention property. I further understand that violation of Convention rules will result in the loss of my Convention badge and forfeiture of my Convention membership.

I understand that access to all Convention functions requires a Convention badge worn in plain sight, and that there are no replacements for missing or lost badges.

Signature _____