

DRAGON CON 2017

PLEASE PRINT CLEARLY

OFFICE USE ONLY (Badge/Member ID#)



Is this new/updated data since last time you attended Dragon Con? Yes No

Last Name _____

First Name _____ MI _____

Address _____

ZIP Code _____ Country _____

City _____ State _____

Birth date (MM/DD) _____ / _____ / (Year not required)

Gender? Male Female

Home Phone (_____) _____

Badge Name (17 character limit) _____

Email _____

_____ Dragon Con 2017 (September 1 – September 4)

Membership rates are as follows:

\$80 through 9/19/2016
\$90 through 11/11/2016

*Note: Group Memberships are discounted \$5 per Membership when 10 or more are purchased in advance at one time, in one envelope.

_____ Saturday Evening **Guest Awards** Banquet Tickets @\$65 each (Limited to 400)

TOTAL _____ Paid by: Money Order Check Charge **(Visa/MasterCard only)**

Account Number _____ Expiration Date _____ / _____

Mail payments to: Dragon
Con Memberships PO
Box 16459
Atlanta, GA 30321-0459

TOTAL \$ _____ (Visa/MasterCard/check only)

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. Memberships are nonrefundable and nontransferable.

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 _____ Date _____