

## BALTICON 50 REGISTRATION

### BALTICON 50 REGULAR MEMBERSHIPS

Please Note: Regular Memberships do NOT include a T-shirt or other merchandise. T-shirts will be available for sale at the convention sales desk in the Art Show. **Enter your T-shirt size on the Registration Form only if you are purchasing a membership package which includes a T-shirt.** The REGISTRATION FORM is on the next page.

**You can order a "Fifty is Coming" T-shirt on Booster (they will not be for sales after May 26<sup>th</sup>). See the link on the Balticon Home Page.**

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If postmarked by:	<u>2/29/16</u>	<u>4/15/16</u>	<u>After 4/15/16</u>	<u>At the door</u>
Adult (13+)	\$59	\$64	\$70	\$TBD
Child (age 6 - 12)	\$29	\$32	\$35	\$TBD

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### BALTICON 50 SUPPORTING MEMBERSHIP PACKAGE PRICES

**MEMBERSHIP PACKAGES ARE AVAILABLE UNTIL THE EARLIER OF SOLD-OUT DATE OR 4/15/2016.**

NOTE: Online orders are date-stamped and will be processed on First In/First Out basis.

Mail-In orders will be processed according to postmark (Earliest Marked/Earliest Out).

For complete details on the following packages, see the Registration Information Packet.

<b><i>Friend of Balticon 50</i></b>	\$100.00 Minimum Donation
<b><i>Balticon Supporting Member</i></b>	\$175.00 Minimum Donation
<b><i>Balticon Family Membership</i></b>	\$300.00 Minimum Donation
<b><i>Ice and Fire Supporting Member</i></b> (only 50 of these available)	\$225.00 Minimum Donation
<b><i>Golden Anniversary Member</i></b> (150 available)	\$350.00 Minimum Donation
<b><i>Ice and Fire Swag Bag Member</i></b> (150 available)	\$500.00 Minimum Donation
<b><i>Ice and Fire Dinner Companion</i></b> (42 available)	\$1,000 Minimum Donation
<b><i>Ice and Fire Ultimate Dinner Companion</i></b> (8 available)	\$1,500 Minimum Donation

#### ***Bring 'Em Back Patrons***

<b><i>Bring 'Em Back "Gimme Shelter" lodging Patron</i></b>	\$800 Minimum Donation
<b><i>Bring 'Em Back "I Got' Em Here" travel Patron</i></b>	\$1500 Minimum Donation
<b><i>Bring 'Em Back "I Made This Happen" all-expense Patron</i></b>	\$2500 Minimum Donation

When your donation exceeds the travel expense for the former GoH (Alumnus) you choose to sponsor, the overage will be applied to the general alumni transportation fund

**The REGISTRATION FORM is on the next page.**

***Thank you for becoming a Balticon member and helping us to***

***MAKE THIS HAPPEN!!***

## Balticon 50 Mail-In Registration Form

Name: \_\_\_\_\_ (T-Shirt Size) (select one) Badge Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ (T-Shirt Size) (select one) Badge Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ (T-Shirt Size) (select one) Badge Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ (T-Shirt Size) (select one) Badge Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code \_\_\_\_\_ Country: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**(For additional registrations, copy this page — one address per form please)**

Regular member, postmark by:	<u>2/29/16</u>	<u>4/15/16</u>	<u>After 4/15/16</u>	<u>At door</u>	<u>Quantity</u>	<u>Total</u>
Adult (13+)	\$59	\$64	\$70	\$TBD (\$	x _____ ) =	\$ _____
Child (age 6-12)	\$29	\$32	\$35	\$TBD (\$	x _____ ) =	\$ _____

**Membership PACKAGES (The above Regular memberships do not include T-Shirt or other merchandise.)**

Friend of Balticon 50	\$100.00 Minimum Donation	x _____	\$ _____
Balticon Supporting Member	\$175 Minimum Donation	x _____	\$ _____
Balticon Supporting Family	\$300 Minimum Donation	x _____	\$ _____
Ice and Fire Supporting Member	\$225 Minimum Donation	x _____	\$ _____
Golden Anniversary Member	\$350 Minimum Donation	x _____	\$ _____
Ice and Fire Swag Bag Member	\$500 Minimum Donation	x _____	\$ _____
Ice and Fire Dinner Companion	\$1,000 Minimum Donation	x _____	\$ _____
Ice and Fire Ultimate Dinner Companion	\$1,500 Minimum Donation	x _____	\$ _____
Balticon 49 Masquerade/Special Events DVD set \$35 (includes tax & shipping)		x _____	\$ _____
Bring Alumnus _____ back. I'll cover lodging! (\$800 Minimum Donation)			\$ _____
<i>(Insert former GoH name here)</i>			
Bring Alumnus _____ back. I'll cover travel! (\$1,500 Minimum Donation)			\$ _____
<i>(Insert former GoH name here)</i>			
Bring Alumnus _____ back. Invite me to dinner! (\$2,500 Minimum Donation)			\$ _____
<i>(Insert former GoH name here)</i>			
Tax deductible donation to BSFS to support Literary Projects---->			\$ _____
Total			\$ _____

**Payment Options:**  Check or Money Order payable to Balticon50  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration (Month/Year) \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Cardholder: x \_\_\_\_\_

Cardholder name as it appears on the card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Send this form and payment to: **Balticon 50 Registration, P.O. Box 686, Baltimore, MD 21203-0686**

# Balticon 50 Mail-In Registration Form

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

Advertising in the BSFan  
Advertising on the Balticon website  
Art Show Registration  
Artist Alley  
Amateur Writing Contest  
Becoming a Program Participant  
BSFS Books for Kids  
Costuming/Cosplay Workshops  
Crafting Skills Workshops  
Fan Tables  
Accessibility

Hosting a Room Party at Balticon  
Launching a book, film, music, or podcast at Balticon  
Masquerade  
Open Staff/Volunteer Positions  
Poetry Track/Workshop  
Premiering your feature film at Balticon  
Sponsoring a Balticon Event or Function  
Sunday Night Short Film Festival  
Teaching SF Workshop  
Young Writers Contest  
Writers Workshop

Please see the pages that follow.

On this and 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 it 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.

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

I am interested in information on **Advertising in the BSFan**. My contact information is:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

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

I am interested in information on **Advertising on the Balticon Website**. My contact information is:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## Balticon 50 Mail-In Registration Form

I am interested in exhibiting my work in **The Balticon Art Show**. My contact information is:

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

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

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

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

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I am interested in reserving a table on **Balticon's Artists Alley**. My contact information is:

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

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

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

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

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

I am interested in **Being a Balticon Panelist or Presenter**. My contact information is:

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

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

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

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

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

I am a school librarian and would like ask **BSFS Books for Kids** to help my library. My contact information is:

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

School: \_\_\_\_\_

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

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

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

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

I have donations for **obby Gear Memorial Auction for BSFS Books for Kids**. My contact information is:

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

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

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

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

## Balticon 50 Mail-In Registration Form

I am interested in teaching a **Craft Workshop** at Balticon or at BSFS. My contact information is:

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

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

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

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

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

My organization would like a **Fan Table** at Balticon. My contact information is:

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

Organization: \_\_\_\_\_

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

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

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

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

I would like information about **Accessibility** at Balticon. My contact information is:

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

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

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

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

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

I'm interested in **Launching a book, film, music, or podcast** at Balticon. My contact information is:

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

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

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

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

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

I would like to be a **Masquerade** entrant at Balticon. My contact information is:

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

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

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

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

## Balticon 50 Mail-In Registration Form

I would like information about **Open Staff/Volunteer Positions** at Balticon. My contact information is:

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

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

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

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

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

I would like information about **Poetry Track/Workshop** at Balticon. My contact information is:

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

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

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

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

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

I would like information about **Premiering my feature film at Balticon** My contact information is:

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

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

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

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

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

I would like information about **Sponsoring a Balticon Event or Function** My contact information is:

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

Company: \_\_\_\_\_

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

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

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

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

I would like information about **Balticon Short Film Festival**. My contact information is:

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

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

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

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

## Balticon 50 Mail-In Registration Form

I would like information about **Young Writers Contest**. My contact information is:

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

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

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

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

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

I would like information about **Writers Workshop**. My contact information is:

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

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

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

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

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

I would like information about **Education and Development Seminars for Literary Professionals**. My contact information is:

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

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

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

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

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

I am a teacher or home school parent and would like information about the **Teaching SF Workshop**. My contact information is:

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

School OR Home School Organization affiliation \_\_\_\_\_

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

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

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