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 26th). See the link on the Balticon Home Page.

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>If postmarked by:</th>
<th>2/29/16</th>
<th>4/15/16</th>
<th>After 4/15/16</th>
<th>At the door</th>
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</thead>
<tbody>
<tr>
<td>Adult (13+)</td>
<td>$59</td>
<td>$64</td>
<td>$70</td>
<td>$TBD</td>
<td></td>
</tr>
<tr>
<td>Child (age 6 - 12)</td>
<td>$29</td>
<td>$32</td>
<td>$35</td>
<td>$TBD</td>
<td></td>
</tr>
</tbody>
</table>

**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.

- **Friend of Balticon 50**
  - $100.00 Minimum Donation

- **Balticon Supporting Member**
  - $175.00 Minimum Donation

- **Balticon Family Membership**
  - $300.00 Minimum Donation

- **Ice and Fire Supporting Member** (only 50 of these available)
  - $225.00 Minimum Donation

- **Golden Anniversary Member** (150 available)
  - $350.00 Minimum Donation

- **Ice and Fire Swag Bag Member** (150 available)
  - $500.00 Minimum Donation

- **Ice and Fire Dinner Companion** (42 available)
  - $1,000 Minimum Donation

- **Ice and Fire Ultimate Dinner Companion** (8 available)
  - $1,500 Minimum Donation

- **Bring 'Em Back Patrons**
  - **Bring 'Em Back "Gimme Shelter" lodging Patron**
    - $800 Minimum Donation
  - **Bring 'Em Back "I Got' Em Here" travel Patron**
    - $1500 Minimum Donation
  - **Bring 'Em Back "I Made This Happen" all-expense Patron**
    - $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!!

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Name: ________________________________     Badge Name: ________________________________
(T-Shirt Size) (select one)

Name: ________________________________     Badge Name: ________________________________
(T-Shirt Size) (select one)

Name: ________________________________     Badge Name: ________________________________
(T-Shirt Size) (select one)

Name: ________________________________     Badge Name: ________________________________
(T-Shirt Size) (select one)

Address: _____________________________________________________________________________

City: ________________________________ State/Province: ______________ Postal Code: __________
Country: ______________

E-mail: _____________________________________________________________________________ Phone: ____________________________

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

<table>
<thead>
<tr>
<th></th>
<th>9/29/16</th>
<th>4/15/16</th>
<th>After 4/15/16</th>
<th>At door</th>
<th>Quantity</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Adult (13+)</td>
<td>$59</td>
<td>$64</td>
<td>$70</td>
<td>$TBD</td>
<td>($) x _____</td>
<td>$______</td>
</tr>
<tr>
<td>Child (age 6-12)</td>
<td>$29</td>
<td>$32</td>
<td>$35</td>
<td>$TBD</td>
<td>($) x _____</td>
<td>$______</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Minimum Donation</th>
<th>Quantity</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Friend of Balticon 50</td>
<td>$100.00 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Balticon Supporting Member</td>
<td>$175 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Balticon Supporting Family</td>
<td>$300 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Ice and Fire Supporting Member</td>
<td>$225 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Golden Anniversary Member</td>
<td>$350 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Ice and Fire Swag Bag Member</td>
<td>$500 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Ice and Fire Dinner Companion</td>
<td>$1,000 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Ice and Fire Ultimate Dinner Companion</td>
<td>$1,500 Minimum Donation</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Balticon 49 Masquerade/Special Events DVD set</td>
<td>$35 (includes tax &amp; shipping)</td>
<td>_____</td>
<td>$______</td>
</tr>
<tr>
<td>Bring Alumnus _________________________ back. I'll cover lodging! ($800 Minimum Donation)</td>
<td></td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>Bring Alumnus _________________________ back. I'll cover travel! ($1,500 Minimum Donation)</td>
<td></td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>Bring Alumnus _________________________ back. Invite me to dinner! ($2,500 Minimum Donation)</td>
<td></td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>Tax deductible donation to BSFS to support Literary Projects----&gt;</td>
<td></td>
<td></td>
<td>$______</td>
</tr>
</tbody>
</table>

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

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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:_________________________________________________________

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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:

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

Name:

Address:

City/State/Zip:

Email:

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

Name:

Address:

City/State/Zip:

Email:

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:

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:___________________________________________

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

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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: ____________________________

I would like information about **Poetry Track/Workshop** at Balticon. My contact information is:
Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Email: ____________________________

I would like information about **Premiering my feature film at Balticon**. My contact information is:
Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Email: ____________________________

I would like information about **Sponsoring a Balticon Event or Function**. My contact information is:
Name: ____________________________
Company: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Email: ____________________________

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:________________________________________________________