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

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

BALTICON 50 SUPPORTING MEMBERSHIP PACKAGE PRICES

MEMBERSHIP PACKAGES ARE VAILABLE 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!!

Name:						Badge	Name	:		
Name:		(T-Shirt Size) (T-Shirt Size)		(select one)		Badge Name:				
						Badge				
Name:		(T-Sl	nirt Size)	(select	t one)					
		(T-Sl	nirt Size)	(select		8 -		-		
Address:										
City:										
E-mail:										
(For additional Regular member, postmark by:		ons, copy 4/15/16	this pag After 4/		ne addre <u>At door</u>	_		n pleas <u>ıantity</u>	se)	Total
Adult (13+)	\$59	\$64	\$70		\$TBD	(\$)	=	\$
Child (age 6-12)	\$29	\$32	\$35		\$TBD	(\$				\$
Membership PACKAGES (The			· ·		-					
Friend of Balticon 50	above nego		_		Donatio		X	or othe	1 11161	\$
Balticon Supporting Member		·			n Donatio		x			\$
Balticon Supporting Family			\$300 Mi	nimun	n Donatio	n	x			\$
Ice and Fire Supporting Member					n Donatio		X			\$
Golden Anniversary Member					n Donatio		X			\$
Ice and Fire Swag Bag Member			\$500 Mi	nimun	n Donatio	n	X		_	\$
Ice and Fire Dinner Companion		\$	1,000 Mi	nimun	n Donatio	n	X		_	\$
Ice and Fire Ultimate Dinner Con	npanion	\$	1,500 Mi	nimun	n Donatio	n	X		_	\$
Balticon 49 Masquerade/Special F	Events DVD s	et \$35 (in	cludes ta	x & sh	ipping)		X		_	\$
Bring Alumnus		bao	ck. I'll cov	ver lod	ging! (\$80	00 Mir	nimum	Donati	on)	\$
(Insert former G	oH name here)									
Bring Alumnus(Insert former G	GoH name here)		ek. I'll cov	er tra	vel! (\$1,50	00 Mi1	nimun	n Donat	ion)	\$
Bring Alumnus		back.	Invite me	to din	ner! (\$2,5	500 M	inimu	m Dona	tion)	\$
(Insert former G Tax deductible donation to BSFS	,		oiects>							\$
	· · · · · · · · · · · · · · · · · · ·		,			Т	otal			\$
Payment Options: Check or	Money Ord	er payab	le to Ba	lticon	50 ∐ Ma			Visa		
Card Number:				I	Expiration	n (Mor	nth/Ye	ar)		CVV
Signature of Cardholder: x										
Cardholder name as it appears on										
Card Billing Address:										
City:	State/Prov: _		Pos	tal Co	de:		_ Coui	ntry:		

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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 <u>Advertising in the BSFan</u> . My contact information is:
Name:
Company:
Address:
City/State/Zip:
Email:
CUT HERE
I am interested in information on <u>Advertising on the Balticon Website</u> . My contact information is:
Name:
Company:
Address:
City/State/Zip:

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I am interested in exhibiting my work in **The Balticon Art Show**. My contact information is: Name:_____ Address: City/State/Zip:____ Email: ------ CUT HERE -----I am interested in reserving a table on <u>Balticon's Artists Alley</u>. My contact information is: Name: Address: City/State/Zip: ------ CUT HERE -----I am interested in **Being a Balticon Panelist or Presenter**. My contact information is: Address: City/State/Zip: ------ CUT HERE -----I am a school librarian and would like ask <u>BSFS Books for Kids</u> 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: Address: City/State/Zip:____

I am interested in teaching a <u>Craft Workshop</u> 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 <u>Accessibility</u> 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 <u>Masquerade</u> entrant at Balticon. My contact information is:
Name:
Address:
City/State/Zip:
Email:

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I would like information about <u>Open Staff/Volunteer Positions</u> at Balticon. My contact information is: Name:
Address:
City/State/Zip:
Email:
CUT HERE
I would like information about <u>Poetry Track/Workshop</u> 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 <u>Balticon Short Film Festival.</u> My contact information is:
Name:
Address:
City/State/Zip:
Email:

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 <u>Writers Workshop</u> . 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:
Eman,