

## SCIENCE FICTION/FANTASY CONVENTION

Local Artist GoH: **David Ayres**Science GoH: **Dr. David A. Williams** 

Author GoH: Robert McCammon

Filk GoHs: Margaret & Kristoph

## more GoHs to be announced!

Venue: Crowne Plaza Phoenix Chandler Golf Resort, 1 S San Marcos Pl, Chandler, AZ 85225

Membership Type: □ Adult (1	2+) 🗅 Child (7-12) 🗅 Kid-in-Tow (0-6) * Kid	ls-in-Tow are limited to 2 per adult member.
Name:	Badge Name:	
Street:	e-mail:	
City:	State:	Zip:
I agree that	LepreCon Inc. will <b>not</b> sell any of this information to any LepreCon Inc. may use and/or share this information to contact	
Check boxes if	you do <b>not</b> wish to be contacted about future event	ts: 🗅 LepreCon, Inc. events
now known or hereafter devised. The	Con Inc., its agents or assignees to use your image and/or likenes membership badge remains the property of the convention unti	il the close of the convention and must be surrendered on
to be disorderly. A charge of \$25 will be lost forms. B	ght to refuse admission to or to eject any person whose conduct assessed against all bad checks. Memberships are transferable buy signing this form, I certify that I am 18 years of age or older and	ut non-refundable and the convention is not responsible for
to be disorderly. A charge of \$25 will be lost forms. By	assessed against all bad checks. Memberships are transferable buy y signing this form, I certify that I am 18 years of age or older and	at non-refundable and the convention is not responsible for d agree to the terms listed above.  Amount PAID:
to be disorderly. A charge of \$25 will be lost forms. By  Signature:  If the above listed person	assessed against all bad checks. Memberships are transferable bu r signing this form, I certify that I am 18 years of age or older and <b>Date:</b>	at non-refundable and the convention is not responsible for d agree to the terms listed above.  Amount PAID:
to be disorderly. A charge of \$25 will be lost forms. By  Signature:  If the above listed personner.  Parent/Guardian Name:	assessed against all bad checks. Memberships are transferable bu r signing this form, I certify that I am 18 years of age or older and <b>Date:</b>	at non-refundable and the convention is not responsible for d agree to the terms listed above.  Amount PAID:  mpleted by a parent or legal guardian.
Signature:  If the above listed personant forms and consent, and minor to attend the LepreCon 45 convertion of supervise the minor at an employees and/or agents, etc., harmles	assessed against all bad checks. Memberships are transferable bu r signing this form, I certify that I am 18 years of age or older and <b>Date:</b>	at non-refundable and the convention is not responsible for d agree to the terms listed above.  Amount PAID:  mpleted by a parent or legal guardian.  Relationship to Minor:  r legal guardian to grant such consent, for the above-named ganizers, employees and/or agents have no responsibility to on, LepreCon Inc. and its Boards of Directors, organizers, pt financial responsibility and agree to fully indemnify the
Signature:  If the above listed personant forms and consent, and minor to attend the LepreCon 45 convertion or supervise the minor at attemptoyees and/or agents, etc., harmles Convention for any damages caused	Date:  Date:  d warrant that I have the legal authority as the minor's parent or ution ("Convention"). I understand that the Convention staff, orguy time during the Convention, and I agree to hold the Convention of any wrongdoing, claims, demands or liability. I further acceptage and against all bad checks.	at non-refundable and the convention is not responsible for d agree to the terms listed above.  Amount PAID:  mpleted by a parent or legal guardian.  Relationship to Minor:  r legal guardian to grant such consent, for the above-named ganizers, employees and/or agents have no responsibility to on, LepreCon Inc. and its Boards of Directors, organizers, pt financial responsibility and agree to fully indemnify the
Signature:  If the above listed personant Farent/Guardian Name:  Parent/Guardian Address:  I give my authorization and consent, an minor to attend the LepreCon 45 convermonitor or supervise the minor at an employees and/or agents, etc., harmless	Date:  Date:  d warrant that I have the legal authority as the minor's parent or ution ("Convention"). I understand that the Convention staff, orguy time during the Convention, and I agree to hold the Convention of any wrongdoing, claims, demands or liability. I further acceptage and against all bad checks.	Amount PAID: