

# World Horror Convention Registration Form

Please Print Clearly

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Profession (Writer, Artist, Editor, Fan, etc.) \_\_\_\_\_

## Payment

\_\_\_\_\_ Supporting Membership(s) at US\$35.00 per membership = US\$ \_\_\_\_\_

\_\_\_\_\_ Attending Membership(s) at US\$ \_\_\_\_\_ per memberships = US\$ \_\_\_\_\_

Total US\$

\_\_\_\_\_ Cash or Travelers Checks (received US\$ \_\_\_\_\_, change US\$ \_\_\_\_\_)

\_\_\_\_\_ Check: We accept personal / business checks, cashiers checks, or money orders for the total amount. Make Checks Payable to: WHC2004.

\_\_\_\_\_ Credit Card: We accept Vias, Mastercard, Discover or American Express. Charge may appear as Leprecon Inc. as receipt. Leprecon Inc is dba WHC2004.

Name as it appears on Card (please print) \_\_\_\_\_

Card Number \_\_\_\_\_

3 or 4 digit auth code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

This form authorizes payment(s) as stated above and completion of this form holds Leprecon Inc. the World Horror Society, and World Horror Convention 2004 harmless from lost or stolen mail, checks and credit card numbers.

Remit Registration Form and Payment to:

World Horror Convention 2004  
c/o Leprecon Inc.  
P.O. Box 26665  
Tempe, AZ 85285 USA