World Horror 2004 Convention Registration Form

Please print clearly.

Name(s)_____

Badge Name(s)_____

Address_____
City_____ State/Providence_____
Zip/Postal Code_____ Country_____
Email_____@_____
Phone (_____)_____ Fax (_____)_____

Profession (Artist, Editor, Fan, Writer, Other)_____

Payment

_____ Supporting Membership(s) at US $35.00 per membership = US$_____
_____ Attending Membership(s) at US$_____ per membership = US$_____
Total US$_____

_____Cash or Traveler's Checks (received US$_____, change US$_____)
_____Check: We accept personal / business checks, cashiers checks or money orders for the total amount.
Make Checks Payable to: WHC 2004.

_____Credit Card: We accept Visa, Mastercard, Discover or American Express.
Charge may appear as Leprecon Inc. as receiptent. Leprecon Inc is dba WHC 2004.

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 and completion of this form hold Leprecon Inc., the World Horror Society and World Horror Convention 2004 harmless from lost of stolen mail, checks, credit card numbers.

Remit Registration Form and Payment to:

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

All funds in US Dollars.