

EerieCon 9 Registration Form

(does **NOT** include hotel registration)

Please **TYPE** or **PRINT**

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ **ZIP/POSTAL CODE:** _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Please indicate number of memberships:

_____ Children (\$1 US per year through age 12) _____ Adult rate (ages 13 and over)

Weekend memberships are \$35 **US** per person until April 9, 2007; \$40 **US** per person thereafter and at the door.

Dealer's tables are \$35 **US** each. Each dealer **must** also purchase a convention membership.

One-day memberships are available only at the door. Student discounts available; bring your ID.

_____ **Total number of weekend memberships** _____ **Total number of dealer's tables**

US\$ _____ **payment enclosed**

Mail this form with your check or money order (**US Funds ONLY**) to:

BUFFALO FANTASY LEAGUE, PO BOX 412, AMHERST BRANCH, BUFFALO, NY, 14226