

Fill in this form, print and sign it then mail it along with payment to:

HexaCon 16  
PO Box 62613  
Phoenix AZ 85082



## HexaCon 16

**PLEASE PRINT LEGIBLY! THERE IS A \$2 REPRINT FEE FOR  
MISTAKES DUE TO UNCLEAR HANDWRITING!**

Name: \_\_\_\_\_

Badge Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you staying at the hotel?  Yes  No

How did you hear about this convention?  Flyer  Print Ad  Newspaper \_\_\_\_\_  
 Radio  TV  Regular Attendee  Web  Other \_\_\_\_\_

The fine print. The convention and/or CASFS will not sell any of this information to a third party. I agree the convention and/or CASFS may use and/or share the above information to contact me for informational purposes. Check this box for no contact.

The undersigned releases the convention and CASFS for all liability in the event of accident, damage or theft while on premises. You further consent to the use of your image or likeness incidental or primary to any display, transmission or reproduction of this event. Commercial photo, audio, and video rights reserved. The convention reserves the right to refuse admission or to eject any person. The convention badge remains the property of the convention until the end of the convention. A charge of \$25 will be assessed against all bad checks.

If the above listed party is under 13 years of age, the person signing the form must be the parent or legal guardian.

Signature: \_\_\_\_\_

For Office Use Only

Membership Type: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card: V/MC/D Notes: \_\_\_\_\_