

PentaCon XXXII Registration Form

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

DAYS ATTENDING: FRI: _____ SAT: _____ SUN: _____

Please list a first and alternate choice for each gaming session in which you wish to play below. Take note of any information in the event description that may effect your entries. For example, if a game continues into a second session, you need to be sure to list it in both sessions. Enter the event reference number and cost from the games listing, as well as the event title. Failure to follow these instructions may result in incorrect processing of your registration.

Session	Event#	Event Title	Cost	Alt. Event#	Alt. Event Title
1 Fri 9-1					
2 Fri 2-6					
3 Fri 7:30-11:30					
4 Sat 9-1					
5 Sat 2-6					
6 Sat 7:30-11:30					
7 Sun 9-1					
8 Sun 2-6					
9 Sun 7-11					

1. Pre-registration fee: _____
 3 days: \$35 2 days: \$25 1 day: \$20

2. GM credit (\$10 per session scheduled) _____
 (events you submitted to run)

3. Registration sub-total (\$0 minimum) _____
 (subtract line 2 from line 1)

4. Event fees (total from cost column) _____

5 Fee total due to PentaCon _____
 (Add lines 3 and 4)

If submitting by regular mail send to:

PentaCon registration
 c/o Missy Hull
 2030 Silver Street
 Anderson, IN 46012

You may submit this form by regular mail to the address above, enclose a check or money order for the total due if mailing in your registration. The preferred method to register and pay for the convention is by using our on-line registration system at pentacongames.com/registration, but mailing it in is an option if you must. Mailed in registrations will be processed soon after they arrive, but event openings are whatever is available at that time!