

# Zenkaikon V

## Pre-Registration Form

Please complete the form below for *each attendee* who wishes to pre-register for Zenkaikon V.

**Make all checks and money orders payable to ZENTRANCON, LCC.**

FIRST NAME	LAST NAME
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STREET ADDRESS
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CITY	STATE	ZIP CODE
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PHONE NUMBER (optional)	E-MAIL ADDRESS
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<b>WILL BE UNDER 18 ON MARCH 18, 2011</b> <input type="checkbox"/> Yes * <input type="checkbox"/> No * If yes, you must also submit the Parental Consent form located on the Zenkaikon website
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**MEMBERSHIP TYPE AND REQUIRED PAYMENT (CHECK ONE)**

DEADLINE	THREE DAY	FRIDAY	SATURDAY	SUNDAY	VIP	GROUP **
July 19, 2010	\$40 <input type="checkbox"/>	\$16 <input type="checkbox"/>	\$26 <input type="checkbox"/>	\$16 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$37 <input type="checkbox"/>
November 1, 2010	\$45 <input type="checkbox"/>	\$19 <input type="checkbox"/>	\$29 <input type="checkbox"/>	\$19 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$42 <input type="checkbox"/>
February 1, 2011	\$50 <input type="checkbox"/>	\$22 <input type="checkbox"/>	\$32 <input type="checkbox"/>	\$22 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$47 <input type="checkbox"/>

\*\* Group rate applies to ten or more people registering together. All forms must be mailed in a single package to qualify for the group rate.

*"I have read and agree to the Zenkaikon Convention Policies and Registration Policies on the Zenkaikon website."*

SIGNATURE	DATE
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<p align="center"><b>MAIL COMPLETED FORM ALONG WITH CHECK OR MONEY ORDER TO:</b>          Zentrancon, LLC          C/O Laura Sladen          421 Evergreen Ave.          Hatboro, PA 19040</p>
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