



# Save Time! Register ONLINE!

WWW.COMIC-CON.ORG

For Pre-registered Membership • Art Show • Masquerade • Volunteers • Disabled Services

If you plan to volunteer, please DO NOT SEND MONEY. Fill out your name and address below and check the volunteer information box.

**MULTI-PURPOSE FORM**  
San Diego • July 26-29, 2007

P. O. Box 128458, San Diego, CA 92112-8458 • Fax: 619-414-1022 • www.comic-con.org

## Full Membership At-the-door Prices

Adults	\$65.00
Juniors (12-17) & Seniors (60+)	\$30.00

Only full (4-day) pre-registered members can attend Preview Night. No onsite registration will be available for Preview Night—only badge pickup for pre-registered full members.

## Pre-Registration Prices (check one)

Must be postmarked by **JUNE 7, 2007**

<input type="radio"/> Adults	\$55.00
<input type="radio"/> Juniors (12-17)	\$27.00*
<input type="radio"/> Seniors (60+)	\$27.00

Must be postmarked by **JUNE 21, 2007**

<input type="radio"/> Adults	\$65.00
<input type="radio"/> Juniors (12-17)	\$30.00*
<input type="radio"/> Seniors (60+)	\$30.00

Active military with ID can pay the Jr./Sr. price. This deal does not extend to dependents. Note: All prices subject to change. \*Children under 12 free with PAID adult membership.

**Only one membership per form please.**  
**This form may be copied.**

**Forms postmarked or faxed after June 21, 2007 will NOT BE PROCESSED.**

**No e-mail registration will be accepted.**

**Sorry, NO REFUNDS after June 21, 2007.**

## Need Info? (check as needed)

- Please send me information on exhibiting in the Art Show.
- Please have your Disabled Services Department contact me about my special needs.
- Please send me a Volunteer application and information.
- Please send me information about participating in the Masquerade.

## BADGES WILL NOT BE MAILED OUT IN ADVANCE.

All pre-registered badges will be available for pickup at Attendee Pre-Registration in the Convention Center's Sails Pavilion (Upper Level), beginning Wednesday, July 25 at 4:00 PM.

## FOR OFFICE USE ONLY

2007 Badge # \_\_\_\_\_

Check # \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

**PLEASE CHECK ONE:**     **Adult**     **Junior (12-17)**     **Senior (60+)**

First Name	Last Name
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Email Address
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Address
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City	State	Zip
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Phone
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Fax
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Country Code (if not USA)	Country (if not USA)
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**PAYMENT TYPE** Please make checks and money orders payable to **COMIC-CON INTERNATIONAL.**

**Check or Money Order**     **Visa**     **MasterCard**     **American Express**

Credit Card Number
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Expiration Date (mm/yyyy)
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Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE • OFFICE USE ONLY**