



# Noreascon 4

62nd World Science Fiction Convention

Sept. 2-6, 2004, Boston, Mass.

Post Office Box 1010

Framingham, Massachusetts 01701 U.S.A.

info@noreascon.org www.noreascon.org

## Registration Form



Name(s) \_\_\_\_\_

We send copies of our publications to each member [excluding children's admissions].  
Check here if you prefer to receive only one copy for your household.

Address \_\_\_\_\_

All members on this form **must be at the same address**. Please circle the names of children for whom you are purchasing children's admissions.

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like information about:  Volunteering  Advertising  Art Show Info  Dealers Info

## Rate Chart

The chart below indicates how much an attending or supporting membership, or a child's admission will cost if you purchase it by **July 31, 2004**. Please indicate the number of each type being purchased in the space provided.

<u>Attending</u>	<u>Upgrade</u>	<u>Supporting</u>	<u>Installment</u>	<u>Child's</u>
( ) <b>\$180</b>	( ) \$145	( ) \$35	( ) \$ _____	( ) \$105

*Attending members* nominate and vote in Hugo Awards and Site Selection, get publications, and may attend Noreascon 4.

*Supporting members* may nominate and vote in Hugo Awards and Site Selection, and receive convention publications.

*Children's admissions* do not include publications or voting rights for the Hugo Awards or Site Selection. Children must accompany an adult attending member and be **12 years of age or under** as of Sept. 6, 2004.

*This form may also be used to begin an Installment Plan purchase, or to make payments on an existing Installment Plan.*

Voter/pre-support discounts expired Feb. 28, 2002. | \_\_\_ PR1 \_\_\_ PR2 \_\_\_ PR3 \_\_\_ PR4 \_\_\_ PR5

Please circle payment type below. Make checks payable to **Noreascon 4** or **MCFI**.

Cash    Check # \_\_\_\_\_    Visa    MasterCard    Total memberships \_\_\_\_\_

Card # \_\_\_\_\_    Exp. \_\_\_\_\_    Total payment \_\_\_\_\_

Name on card \_\_\_\_\_    Date \_\_\_\_\_

Signature \_\_\_\_\_    Rcv'd by \_\_\_\_\_

Please note: Credit card charge will be made by the **New England Science Fiction Association**.

**Rates for memberships will increase August 1, 2004.**