

33 STELLARCON

**March 13-15, 2009
Radisson, Downtown High Point, NC**

Registration Form (please fill out a separate form for each person attending)

Name: _____

Badge Name: _____

Address: _____ City: _____

_____ State: _____

Zip Code: _____ Country: _____

Phone #: _____ Email: _____

Registration/Payment Type (circle One)

	Before January 1, 2009	After January 1, 2009
Adults	\$33	\$38
Children(6-12)	\$12	\$17
Children(>6)	\$0	\$0
UNCG Students (Require ID)	\$0	\$0

Other \$ _____
(By permission of Director only) X _____

Select Payment Type

(circle one)

Check (Include #) _____

Cash

Money Order

-Office Use Only-

Badge #: _____

Receipt #: _____