

PRE-REGISTRATION FORM

SugoiCon08

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|----------------------|------|----------------------|---|----------------------|------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|--|--|--|--|--|--|--|--|--|--|
| Name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| City: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| State: | <input type="text"/> | Zip: | <input type="text"/> | - | <input type="text"/> | DOB: | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | | | | | | | | | | | | | |
| Email: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Phone Number: | | | | | | | | | | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | | | | | | | | | | |

Please make checks or money orders payable to:

SORA
and mail to:
SugoiCon Registration
P.O. Box 31131 • Mt. Healthy, OH 45231

For registrations postmarked by 9/29/2008:
\$30 Three-day convention pass (Regular price: \$40)
Sorry, we cannot accept registrations postmarked after 9/29/08.

WF2-08