

# Warpstock 2019 – Orlando, Florida

## Multi Registration Form

Country Inn & Suites Orlando Airport

November 8 - 10, 2019

To register for Warpstock 2019, fill out the form and send it together with a check or money order made out to "Warpstock Corporation" or credit card information to the following address:

**Warpstock Corporation**  
**7 Loudoun Street, SE, Suite 2B**  
**Leesburg, VA, USA 20175-3012**

**Fax Number: 1-419-831-9257**

- Please use this registration form to register **two** members of the same family or organization.
- Please note that all mail-in or fax registrations must be received by Warpstock Corporation on or before September 30, 2019.
- Warpstock will accept on-site registrations for the 2019 event if space is available..

This registration covers only the admission to classes and sessions during Warpstock 2019, as well as lunch on Friday, Saturday or Sunday. Breakfast is included in your room rate.

### Hotel Accommodations

Are you planning to stay at the Country Inn & Suites Orlando Airport?  Yes  No.

If you answered Yes, then you will need to make arrangements with the hotel for accommodation before October 1, 2019 in order to qualify for the special Warpstock rate. You can make hotel reservations by telephone at **1-800-456-4000** or **407-856-8896**. State that you are attending Warpstock 2019 when booking room .

Circle Choice	Description	Unit Price	Total
<b>MCR</b>	<b>Multi Conference Registration – Full Conference for 2 persons</b> - Includes admission to all classes and sessions, as well as breaks and lunch.	<b>\$268.00</b>	

**All prices are shown in United States Dollars.**

Check or money order enclosed **OR**

Please charge my  Visa  MasterCard  Discover  American Express

Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV2 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME 1 :** \_\_\_\_\_

E-MAIL : \_\_\_\_\_

STREET ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_

STATE OR PROVINCE : \_\_\_\_\_ ZIP/POSTAL CODE : \_\_\_\_\_

COUNTRY : \_\_\_\_\_

**NAME 2 :** \_\_\_\_\_

E-MAIL : \_\_\_\_\_

STREET ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_

STATE OR PROVINCE : \_\_\_\_\_ ZIP/POSTAL CODE : \_\_\_\_\_

COUNTRY : \_\_\_\_\_