

# Warpstock 2015 – Wichita, Kansas

## Registration Form

Drury Plaza Hotel Broadview

October 23 - 25, 2015

To register for Warpstock 2015, 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 include one registration form for each attendee.
- Please note that all mail-in or fax registrations must be received by Warpstock Corporation on or before October 1, 2015.
- Warpstock will accept on-site registrations for the 2015 event.

This registration covers only the admission to classes and sessions during Warpstock 2015.

### Hotel Accommodations

Are you planning to stay at the Drury Plaza Hotel Broadview?  **Yes**  **No**.

If you answered Yes, then you will need to make arrangements with the hotel for accommodation before September 23, 2015 in order to qualify for the special Warpstock rate. You can make hotel reservations by telephone at **1-800-325-0720** or by using the link provided on <http://warpstock.org> and using the Warpstock group number **2239093**.

Until June 30, 2015, you may choose the Early Bird Registration 1. Between July 1 and August 31, 2015 choose Early Bird Registration 2. After September 1, 2015 only the Full Registration will be accepted. Select only one choice.

Circle Choice	Description	Unit Price	Total
<b>FCR</b>	<b>Full Conference Registration</b> - Includes admission to all classes and sessions.	<b>\$149.00</b>	
<b>EBD1</b>	<b>Early Bird Discount 1</b> - Register on or before <b>June 30, 2015</b> to receive an Early Bird Discount of 20%.	<b>\$119.00</b>	
<b>EBD2</b>	<b>Early Bird Discount 2</b> - Register on or before <b>August 31, 2015</b> to receive an Early Bird Discount of 10%.	<b>\$134.00</b>	

Check or money order enclosed **OR**

Please charge my  Visa  MasterCard  Discover  American Express

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

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

NAME : \_\_\_\_\_

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

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

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

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

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