

Date _____

Badge # _____

MOBICON XI PREREGISTRATION FORM

Please PRINT clearly!

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Birth date (M/D/Y) _____ Age _____ Gender _____

Phone Number _____

Badge Name (what name you want on your badge?) _____

E-mail address _____

Days Attending: Pre-Reg ____ Weekend ____ Group ____

Guardian Name and Phone Number, if under the age of 18 _____

MOBICON RULES OF CONDUCT:

1. Your badge must be visible at all times. Badges must be worn above the waist and to the front of your body. A replacement badge will cost \$5.00 for the first then full cost for admission after that.
2. **NO Drugs**, nor any member under the influence of illegal substances will be allowed on convention grounds-this includes **underage smokers** and alcohol abuse by anyone **regardless** of age.
3. There will be **no smoking** except in designated hotel areas or outside.
4. Along with your badge, you must keep photo ID on your person at all times.

For any additional information you may visit the website: www.mobicon.org

I agree to be completely responsible for any and all damage I cause to hotel or convention property. I further understand that violation of Convention rules will result in the loss of my convention badge and expulsion from the convention events and areas. I also agree to give MOBICON permission to use my picture(s) for use in promotional purposes. I understand that MOBICON will, from time to time, exchange information with area conventions. If you opt out to this please see any member of the registration staff for an opt-out form.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE-STAFF USE ONLY

Pre-reg ____ Weekend ____ Group ____ Comp ____ RPGA ____ Guest ____
Other _____

Member ____ Staff ____ Retailer ____ Tables ____ Extra Badge(s) _____ **Amount**
Paid _____

NOTES: Check # _____