

PRE-REGISTRATION FORM



FEBRUARY 18-20, 2011
LOS ANGELES AIRPORT
MARRIOTT HOTEL

THE 22ND ANNUAL
NORTH AMERICAN
DOCTOR WHO CELEBRATION

Registration Type

Check the box that will apply on the dates of the convention:

- Adult Badge (age 17+)
- Teen Badge (12-16)
- Child Badge (under 12)

You **must** specify one of the age levels above. Please note the age group the attendee will be at the time of the convention!

Registration Rates

ADULT MEMBERSHIP

June 1 to July 31, 2010	\$ 55
July 31 to Sep 30, 2010.....	\$ 60
Oct 1 to Nov 30, 2010	\$ 65
Dec 1 to Jan 31, 2011	\$ 70
Feb 1 to the Door.....	\$ 75

TEEN (AGES 12-16)

Full Weekend..... **\$ 35**

CHILD (UNDER 12)

FREE with purchase of adult membership. Child must be accompanied at all times.

Required – These fields **MUST** be filled out for us to process your registration.

↑ Full Name _____

↑ Street Address _____

↑ City, State, ZIP Code, Country (if not USA) _____

↑ Phone (Home and/or Work) – at least one is required _____

NOT Required – Email address is **NOT** required but will help in confirming your registration and providing you with information. Specify badge name only if you want your badge to read differently than your actual name.

↑ E-mail address _____

↑ Badge Name (If different from Full Name) _____

TOTAL AMOUNT ENCLOSED: _____

I am interested in **volunteering** in the following areas: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Friday Set-Up (8a-12p) | <input type="checkbox"/> Sunday Teardown (6-9p) | <input type="checkbox"/> Tech Services |
| <input type="checkbox"/> Art Show | <input type="checkbox"/> Masquerade | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Con Suite | <input type="checkbox"/> Autograph Hall | <input type="checkbox"/> Con Ops/Security |
| <input type="checkbox"/> Friday Night Gala | <input type="checkbox"/> Charity Auction | <input type="checkbox"/> Karaoke Bar |
| <input type="checkbox"/> Office/Supply Unit | | |
| <input type="checkbox"/> I would like to volunteer wherever I am needed | | |
| <input type="checkbox"/> I would like information about entering the Art Show | | |
| <input type="checkbox"/> I would like to volunteer wherever I am needed | | |



Complete this form and send it
(with check or money order in US funds only) to:
Gallifrey One
P.O. Box 8022, Van Nuys, CA 91406
Checks/money orders payable to **Gallifrey One**.
No refunds once checks are received!

CONTACTING GALLIFREY ONE:

Mail: P.O. Box 8022
Van Nuys, CA 91406
Email: convention@gallifreyone.com
Web: www.gallifreyone.com

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