



On Dec. 13<sup>th</sup>, 2002

SCIENCE FICTION DESCENDS ON PHILADELPHIA

# Philcon 2002

**Dec. 13-15, 2002, Marriott Center City, Philadelphia**

1201 Market St., Philadelphia, PA 19107... Phone # 215-625-2900 (mention "PHILCON")

**Rooms Rates: \$79.00 per Night Single/Double!**

**\$99.00 per Night Triple/Quad!**

**RESERVE YOURS NOW BEFORE IT'S TOO LATE!**

## **Guest of Honor: Connie Willis**

(Hugo and Nebula Award Winner! Best-selling Author of  
"THE DOOMSDAY BOOK" and "TO SAY NOTHING OF THE DOG")

## **Artist GOH: Donato Giancola**

(His work has appeared with DC Comics, Tor Books, and Wizards of the Coast, among many others)

## **Special Guest: David Gerrold**

(Screenwriter, Novelist, Producer. Award-winning author of the "WAR AGAINST THE CHTORR" series,  
"BELIEVERS" for BABYLON 5, and STAR TREK'S "THE TROUBLE WITH TRIBBLES")

## **Special Guest: Nalo Hopkinson**

(Award Winning Author of "BROWN GIRL IN THE RING", "MIDNIGHT ROBBER", and "SKIN FOLK")

## **Special Guests:**

### **Spider & Jeanne Robinson**

(Writers and Performers. The author of the "CALLAHAN'S CROSSTIME SALOON" stories, among many others, along with his talented wife, Jeanne)

We'll have many panels, activities, children's programming, a film/anime room, gaming, filking, a large Dealer's room, Art Show, a Masquerade, and much more. If you want to be a Program Participant, email us at [programming@philcon.org](mailto:programming@philcon.org). To be a dealer, email us at [dealers@philcon.org](mailto:dealers@philcon.org). For all other inquiries email [info@philcon.org](mailto:info@philcon.org), or call our hotline...1-877-744-2315.

**Pre-registration at \$40 per membership until 5/31/2002!**

**Visit us at [www.philcon.org](http://www.philcon.org)**

# Philcon '02 Registration

Detach this form and mail to:

Philcon '02 Registration  
P.O. Box 126  
Lansdowne, PA 19050-0126

(email): registration@philcon.org  
email is for inquiries only, no registrations.

**NOTE:** No children under 16 will be admitted except in company of a parent or guardian. A waiver of the conference's responsibility will be required of the parent.  
**Proper ID will be required to register at Philcon**

Please list *all* additional names, with addresses if different than the main address. If a badge name is desired, list next to name.  
Please include the ages of all *children* under 16 as of Dec. 13, 2002.  
Check off box for each child for whom baby-sitting is requested.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
email \_\_\_\_\_  
 New address?     Is this your first Philcon?  
 e-mail address on badge instead of city/state?

\_\_\_\_\_  Child's Age  
\_\_\_\_\_   
\_\_\_\_\_   
\_\_\_\_\_   
\_\_\_\_\_

**Roommate Matching**

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_  
Room Type: (circle one each) Quiet / Party    Smoking / Nonsmoking  
Sex:  M  F    Willing to share with opposite sex?  Yes  No  
Phone # so we can put you in contact with prospect: \_\_\_\_\_  
(email contacts are preferred; supply your email address above if you have one)

Registrations at these rates must be postmarked by the dates shown to be accepted  
All memberships received after Dec. 2 will be held and processed as at the door.

Would you like to help with Philcon?  
*If so, please indicate which department(s):*

Art Show     Art Auction     Masquerade     Baby-Sitting  
 Registration     Ops     Con Suite     Information  
 Programming     Logistics     Other \_\_\_\_\_

**Membership prices valid through 05/31/2002:**  
Adult ..... @ \$40.00 = \$ \_\_\_\_\_  
Children (age 7 to 12) ..... @ \$20.00 = \$ \_\_\_\_\_

*and when you are available (and for how long):*

	Fri. # Hrs.	Sat. # Hrs.	Sun. # Hrs.
Morning	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Early Afternoon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Late Afternoon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Evening	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
After Midnight	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Membership prices after 05/31/2001: TBD**

Baby (thru age 6) ..... (Free w/paying adult)  
Babysitting (thru age 6) ..... @ \$50.00 = \$ \_\_\_\_\_  
Total Memberships ..... Total \$ \_\_\_\_\_

Please make checks payable to "Philadelphia Science Fiction Society"

VISA     MASTERCARD    \_\_\_\_\_

I hereby authorize this charge to be made on my account.

Your Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Expires \_\_\_\_\_

Registration    Membership number(s) \_\_\_\_\_ through \_\_\_\_\_  
USE ONLY    Date received: \_\_\_\_\_ CK MO CC TC Cash

Correspondence to Registration *only* should be addressed to P.O. Box 126, Lansdowne PA 19050-0126

Dealer and Art Show information requests, Programming\*, Advertising, Press, and any other non-Registration related correspondence should go to P.O. Box 8303, Philadelphia PA 19101-8303

Individual departments may also be contacted via our website at [www.philcon.org](http://www.philcon.org)

\*... Programming may also be contacted via email at "programming@philcon.org".