

Tekkoshoccon X Group Registration Form

Group Name: _____

Address: _____

City, State, Zip Code: _____

In order to use the Group Registration Form, you must have **10 or more** people in the group.

Pre-Registration 2 must be **post-marked** no later than 02/29/2012.

Pre-Registration 2: \$43.00x _____ = _____

On the following page, please list each individual along with his/her email, phone number, and the Emergency Contact number. Each individual will receive the confirmation email. If you need to substitute, please send an email to registration@tekkoshoccon.com and include the name of the person no longer attending **and** the name, email, phone number, and the Emergency Contact number of the person taking the free spot.

Please make checks/money orders payable to '**Tekkoshoccon, Inc**'.

Please send registration form and payment:

Tekkoshoccon, Inc.
Attn: Registration
PO Box 101009
Pittsburgh, PA 15237-8009

You will receive a confirmation email regarding your registration. **Please bring the confirmation email and a VALID PHOTO ID to the pre-registration pick-up in the lobby of the Wyndham Grand Pittsburgh.** One day passes will be available at the door.

1. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

2. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

3. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

4. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

5. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

6. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

7. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

8. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

9. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

10. Name: _____

Email: _____
Phone Number: _____
Emergency Contact Number: _____

11. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

12. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

13. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

14. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

15. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

16. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

17. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

18. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

19. Name: _____
Email: _____

Phone Number: _____
Emergency Contact Number: _____

20. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

21. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

22. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

23. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

24. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

25. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

26. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

27. Name: _____
Email: _____
Phone Number: _____
Emergency Contact Number: _____

28. Name: _____
Email: _____
Phone Number: _____

Emergency Contact Number: _____

29. Name: _____

Email: _____

Phone Number: _____

Emergency Contact Number: _____

30. Name: _____

Email: _____

Phone Number: _____

Emergency Contact Number: _____