

Tekkoshoccon X Registration Form

First Name: _____

Last Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone Number: _____

Emergency Contact Number: _____

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

Pre-Registration 2: \$45.00 _____

Premium Pre-Registration 2: \$70.00 _____

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

Please send registration form and payment to:

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.** Please limit **ONE** person to each registration form. One day passes will be available at the door.