

19th ANNUAL - INTERNATIONAL UFO CONGRESS CONVENTION & FILM FESTIVAL - FEBRUARY 21 - 27, 2010

FULL ATTENDANCE REGISTRATION FORM

Please Submit With Payment - Must be Received By February 16, 2010 - 1:00 PM - Mtn. Time

Name # 1: _____ Member # _____
 Name # 2: _____ Member # _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Phone#: _____ E-Mail: _____
 (Foreign Attendees must send Money Order or Bank Check in US Dollars, or use credit card)
 Reservation amount enclosed: \$ _____ Check # _____ Money Order _____
 Visa _____ Mastercard # _____ Exp. Date _____
 Signature _____ Name on card _____

(Credit Card Reservations must be mailed or faxed in so that we have a signature on file.)

SEND TO: I. U. F. O. C. - 67 S. Higley Suite # 103-408 - Gilbert, AZ 85296 USA
 Phone (602) 889-3083 Fax (602) 296-0151

FULL PACKAGES INCLUDE:

All Speaker Presentations & Films - Wednesday Party & Saturday Banquet

8 Nights Hotel Room - Aquarius Casino Resort (Check In Saturday, February 20 - Check Out Sunday, February 28)

Single Occupancy:

Received by 1/18/2010 # Persons _____ @ \$ 639.00 = \$ _____
 Received between 1/19 - 2/16/2010 # Persons _____ @ \$ 699.00 = \$ _____

Double Occupancy:

Received by 1/18/2010 # Persons _____ @ \$ 499.00 = \$ _____
 Received between 1/19 - 2/16/2010 # Persons _____ @ \$ 539.00 = \$ _____

Roommates:

Name of Roommate (if not registering on same form): _____

____ I want the double rate, but have no roommate. Enclosed is **\$10.00** to pair me with a suitable roommate.

(My personal Info: Male _____ Female _____ Smoker _____ Non Smoker _____ Age _____ Other info _____).

(Please Note: Reservations requesting us to find you a roommate must be received by February 10, 2010.)

Additional Nights:

Available for 3 days prior to and 3 days after the event at a special rate of \$37.00 per night Sunday thru Thursday and \$67.00 per night Friday & Saturday. (If your roommate is registering on a separate form, please show 1/2 of the extra nights' cost. If we are assigning a roommate, you must pay the full price, as we can't be sure of locating someone needing the same extra nights)

I would like _____ extra nights @ \$37.00 per night Sun - Thurs Dates: _____ \$ _____
 I would like _____ extra nights @ \$67.00 per night Fri & Sat Dates: _____ \$ _____

Room Requests:

Smoking _____ Non-Smoking _____ (subject to availability). 1 Bed _____ 2 Beds _____ Other preferences: _____

(The hotel will do their best to accommodate room type requests - but we cannot guarantee them.)

"CONFERENCE ONLY" PACKAGES INCLUDE:

All Speaker Presentations & Films - Wednesday Party & Saturday Banquet

Received by 1/18/2010 # Persons _____ @ \$ 350.00 = \$ _____
 Received between 1/19 - 2/16/2010 # Persons _____ @ \$ 400.00 = \$ _____

ALL ADVANCE REGISTRATIONS MUST BE RECEIVED BY FEBRUARY 16, 2010 - 1:00 PM - Mtn. Time!!

Cancellation policy

In the event of cancellation, registration fees will be refunded (less a \$75 per person processing fee) if written notice is received by February 16, 2010 - 1:00 PM Mountain Time **OR** 3 days prior to your arrival, *whichever is earlier*.

Cancellations after February 16, 2010 (1:00 PM Mountain Time) and "No Shows" are non-refundable.