

Escapade 34 Registration Form
February or March 2024*, Los Angeles, CA

*When dates are announced, you have 30 days to cancel and receive a full refund.

CONTACT INFORMATION (Your real name and contact information will not be shared. However, if you volunteer to moderate a panel, your email address will be shared with other moderators.)

Real Name: _____ Email: _____

Address: _____

City, State/Province/Region: _____

Zip/Postal Code: _____ Phone number: _____

MEMBERSHIP INFORMATION (badge name & journal/website will be visible to other members)

Badge First Name: _____ Badge Last Name: _____

Preferred Pronouns: [] She/Her [] He/Him [] They/Them Other: _____

Badge Tag Line: _____

Your journal or website url: _____

Are you bringing art? _____ Yes _____ No

Will you be submitting Vids? _____ Yes _____ No

Do you want to volunteer? _____ Yes _____ No

If yes, where/how would you like to help: _____

Do you have any special requests or needs (e.g. extra time or assistance with seating)?

DEALERS ROOM (Fill in this section only if you are a dealer. Dealer tables are \$35.00 each.)

Table Name: _____

Number of tables: _____ Special Requests: _____

PAYMENT

_____ Check enclosed _____ Pay via PayPal (to: info@escapadecon.net) _____

FEES:

Early registration (before November 1): \$123 (\$120 by check)

Regular price Attending Membership (after November 1): \$143.00 (\$140 by check)

Friday, Saturday, or Sunday 1-day: \$88 (\$85 by check)

Non-attending Membership or Online Membership: TBD

Dealer Tables: \$35.00 per table

Print form and mail with payment to: Escapade, 264 Santa Monica Way, Santa Barbara, CA 93109