

CAPCLAVE 2011 GUESTS OF HONOR

Catherynne Valente

Carrie Vaughn

October 14-16, 2011

Location: Hilton Washington DC North/Gaithersburg, 620 Perry Parkway, Gaithersburg, Maryland 20877

Special rate for students, active duty military, and military dependents:

\$25 full weekend; \$20 Saturday only (with proof of status)

Membership Rates:

\$45 January through June 2011

\$55 July through September 2011

\$60 Thereafter

Send forms and payment to:

Capclave 2011 Registration

c/o Barry Newton

P.O. Box 53

Ashton, MD 20861

Please list memberships with different postal addresses on different copies of the form.

We are offering again this year the offer to pre-order WSFA Press' new books, to be released in conjunction with Capclave. You may pre-order your copies here and they will be available to pick up at Capclave. As these are limited edition hardcover (500 copies, signed and numbered), we are limiting pre-orders to 1 copy of each book, per membership purchased. If you're interested in purchasing last year's release, "The Three Quests of the Wizard Sarnod", by Jeff VanderMeer, or 2009's "Reincarnations" by Harry Turtledove, you can either reserve a copy today, or purchase one for immediate delivery. Again, *one copy per membership*, please.

I am buying ___ Capclave 2011 memberships at \$ ___ each

___ Pre-Order copies of "Straying from the Path" by Carrie Vaughn: \$20 each (available at Capclave)

___ Pre-Order copies of "Silently and Very Fast" by Catherynne Valente: \$20 each (available at Capclave)

___ Copies of "The Three Quests of the Wizard Sarnod" by Jeff VanderMeer: \$23 each (available now)

___ Copies of "Reincarnations" by Harry Turtledove: \$28 each (available now)

___ Bundles of all four books: \$80 each (available at Capclave)

For a total of \$ _____.

Name(s): _____

Address: _____

City: _____ State: _____ ZIP/Postal: _____ Country: _____

Phone: _____

Do not list me on Website

E-mail: _____

Please add me to the electronic announcements list for Capclave updates.

I am paying by: _____ check/money order _____ Mastercard _____ Visa

Credit card number: _____

Expiration date: _____

Name on card: _____ Signature: _____

Mail this form with your credit card information or a check made out to "Capclave", to: Capclave 2011 Registration, c/o Barry Newton, PO Box 53, Ashton MD 20861