



Madicon XIX Event Application

Name: _____

Email: _____

Type of Event: (Game, Panel, Workshop, etc.): _____

Event Name (To appear in program):

A brief description of the Event (To appear in program):

Expected Event Duration: _____

Preferred time for event (if any?): _____

Anything else we should know?

If replying by mail, please send to:

Madicon XIX
1033 CHICAGO AVENUE
HARRISONBURG, VA 22802

March 12-14, 2010
www.madicon.org
conchair@madicon.org

Erik van der Goetz
Madicon XIX Conchair