



CONGRESS+WORKSHOP
REGISTRATION FORM

The 2nd International Congress on
3D Materials Science 2014

L'Impérial Palace • Annecy, France • June 29-July 2

Return this form to: Louise Wallach,
Senior Manager, Events, Programming & Sales

E-MAIL

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FAX

724-814-3111

Discount Registration Deadline: June 6, 2014

Payment must accompany form.

Forms received after June 6 will be processed at the standard rate.

First name: _____ Middle Initial: _____

Last name: _____

Name/Nickname for badge: _____

Affiliation/Employer: _____

Title: _____

This address is Business Home New Address Address Correction

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

REGISTRATION FEE

Registration fee includes technical sessions, exhibition, welcome reception, poster reception, refreshment breaks, one proceedings copy, and one ticket to the conference dinner.

	Discount*	Standard
Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Nonmember**	<input type="checkbox"/> \$825	<input type="checkbox"/> \$925
Student Member***	<input type="checkbox"/> \$450	<input type="checkbox"/> \$450
Student Nonmember***	<input type="checkbox"/> \$525	<input type="checkbox"/> \$525

* Discount registration fee applies through June 6, 2014 only.

** Includes TMS membership for 2014.

*** Copy of student school identification card must accompany form.

ADDITIONAL/GUEST TICKETS FOR SOCIAL FUNCTION

Conference Dinner

Number: _____ @ \$75/each = _____

Guest/Spouse Name: _____

Indicate Any Dietary Restrictions: _____

Save \$50!

Register for the 3DMS 2014 Congress **AND** the
Workshop on Software Solutions for ICME.

REGISTRATION TOTAL

PAYMENT

I will be attending the First International Workshop on Software Solutions for ICME; my confirmation number is: _____

Congress Registration \$ _____

Social Function Tickets \$ _____

Discount (only if box is checked above) - \$ 50.00

Total Payment \$ _____

Visa MasterCard Discover American Express

Card No _____ Expiration Date _____ CVV# _____

Cardholder Name _____

Payment Method (Check all that apply):

Check, Bank Draft, Money Order

(Make checks payable to TMS.)

Credit Card

Signature: _____

I authorize TMS to charge my credit card in the amount of \$ _____

REFUND POLICY: Written requests must arrive at TMS no later than June 6, 2014. No refunds will be issued after June 6. A \$75 processing fee is charged for all cancellations.