Continuing Education Registration Form

FOR THE TMS ANNUAL MEETING AND EXHIBITION = FEBRUARY 11–15, 2001 = NEW ORLEANS, LOUISIANA

PLEASE CHOOSE ONLY ONE OPTION FOR SENDING FORM.

WEB
Fax this form to TMS Cont. Education Dept.
USA 724-776-3770
Fax registration requires credit card payment.

MAIL
Return this form with payment to Cont. Education Dept.
TMS 184 Thorn Hill Road
Warrendale, PA 15086
Web registration requires credit card payment.

WEB
FAX
MAIL
MEMBER
NON-MEMBER
MEMBER
NON-MEMBER

Member of:  □ TMS  □ ISS  □ SME  □ SPE
□ Dr. □ Prof. □ Mr. □ Mrs. □ Ms.
Member Number: ________________________________________________________

Employer/Affiliation: _________________________________________________________________________________________
Address: __________________________________________________________________________________________________
City: _____________________________ State/Province: __________ Zip/Postal Code: ________________ Country: ____________
Telephone: ___________________________________________ Fax: ________________________________________________
E-Mail Address: ________________________________________

CONTINUING EDUCATION SHORT COURSES

Excellence in Professional Communications
□ Sunday, 2/11/01 ................................................................. $260 ......... $310 .......... $260 .......... $310
Molten Salt Chemistry and Process Design: from Smelter to Casthouse
□ Saturday, 2/10/01 & Sunday, 2/11/01 ........................................ $645 ......... $735 .......... $695 .......... $785
Heat Treatment of Wrought and Cast Aluminum Alloys
□ Saturday, 2/10/01 & Sunday, 2/11/01 ........................................ $645 ......... $735 .......... $695 .......... $785

Total .......................................................................................................................... ........................................

PAYMENT ENCLOSED:
□ Check, bank draft, or money order made payable to TMS—Payment shall be made in US dollars drawn on a US bank.
□ Credit Card—Card No.: ________________ Expiration Date: ________________
   □ Visa  □ MasterCard  □ Diners Club  □ American Express
   Cardholder Name: ________________________________________________________________________________________
   Signature: ______________________________________________________________________________________________

REFUND POLICY:
Written request must be mailed to TMS, post-marked no later than January 22, 2001. A $50 processing fee will be charged for all registration cancellations.

Advance Registration Deadline: January 22, 2001
PAYMENT MUST ACCOMPANY FORM.
Forms received past this date will be processed at the on-site fee structure.
Please print or type