TO RESERVE YOUR SPONSORSHIP COMPLETE AND RETURN THIS FORM TO CINDY WILSON, SALES COORDINATOR . . .

post:  184 Thorn Hill Road, Warrendale, PA 15086-7514
phone:  (724) 776-9000, ext. 231
fax:  (724) 776-3770
e-mail:  wilson@tms.org

Contact Name: ________________________________________________________________________________________
Company Name (as you would like it to appear on recognition): __________________________________________________
Address: _________________________________________________________________________________________________________
Phone: _______________________________ Fax: _______________________________ E-mail: _________________________________

Indicate your selection among the following:

☐ Bottled Water ........................................................... $500
☐ Electronic Information Center ............................. $2,000
  ___ Sunday   ___ Tuesday
  ___ Monday   ___ Wednesday
☐ Signage ................................................................. $1,500
☐ International Flags .................................................. $1,000

☐ Technical Session Coffee Breaks
  ___ Number of break stations ....................... $375 each
  ___ 3 Coffee breaks ........................................ $1000
  ___ Monday   ___ Wednesday
  ___ Tuesday   ___ Thursday

☐ Hosted Exhibit Hall Lunch
  Exhibitor Sponsor ................................. $2 per square foot
  Booth Size ........................................... _________________

☐ Hosted Refreshment Break/Treats ....................... $500
☐ Registration/Program Bags  EXCLUSIVE OPPORTUNITY $2,000
☐ Prize Drawing
  ___ Tuesday  (Digital Video Camera) ............... $2,000
  ___ Wednesday (Digital Camera) ...................... $1,000

☐ Shuttle Bus .............................................................. $500
☐ TMS Banquet Reception .................................. $1,500
☐ Student/Faculty Mixer ....................................... $1,000

☐ Authors Coffee
  ___ Monday .............................................................. $500
  ___ Tuesday ............................................................. $500
  ___ Wednesday ...................................................... $500
  ___ Thursday ........................................................... $250

☐ Exhibit Reception Refreshments
  ___ Please contact me to discuss menu/beverage selections

☐ Final Program Back Cover  EXCLUSIVE OPPORTUNITY $3,000
☐ Badge Lanyards .......................................................... $500

Payment Options

☐ Check enclosed made payable to TMS  ☐ Please invoice
  Charge my:  ☐ VISA    ☐ MasterCard    ☐ American Express    ☐ Diners Club

Card Number: ________________________________ Name as it appears on card: __________________________________________
Signature: ______________________________________________________________________________________________________