TMS 2003 INTERNATIONAL METALS & MATERIALS EXHIBITION
SPACE RESERVATION APPLICATION

Application must be completed in full by the exhibiting company

March 3-5, 2003
San Diego Convention Center, San Diego, California

TMS is hereby authorized to reserve space for use in the Exhibit Hall at the TMS 2003 International Metals and Materials Exhibition, San Diego, California. Show dates are March 3, 4, 5, 2003. Rental rates:

$20.00 per square foot	Reservation received on or by September 15, 2002
$22.00 per square foot	Reservation received on or after September 16, 2002 through March 3, 2003

Please indicate your choices of space numbers from the floor plan; final space number will be confirmed by TMS within 10 days of booking in the form of a contract.

1st Choice Space Number(s): _____ Space Size: ___ 10'x10' ___ 10'x20'

2nd Choice Space Number(s): _____ Other Space Size:_____

AGREED TO:
It is understood that TMS will process our options, forwarding the space assignment in the form of a contract. The contract must be exercised and returned within the specified time period following receipt, along with payment of either the exhibit space deposit or exhibit space rental fee. Acceptance of application is deemed to occur only upon space number assignment with confirmation to Exhibitor. TMS shall have sole discretion in the assignment or reassignment of exhibit space. Exhibitor may not reassign or sublet assigned exhibit space, in whole or in part, without written permission of TMS.

A deposit of $500.00 per space will be invoiced within 30 days of the space reservation. Payment is due upon receipt of invoice. The deposit payment must be received for exhibitor to be listed in the pre-show directory. Notification of intent to cancel a space reservation must be sent in writing no later than September 15, 2002 to receive a full refund of the space rental deposit. In the event of cancellation after September 15, 2002, this deposit is non-refundable. TMS reserves the option to re-assign space for which the deposit is not paid in full by September 15, 2002.

_____

Exhibitor Authorized Signature Date

Contact Person (*to receive correspondence & exhibit materials)* _____

Company Name (*as it will appear in Exhibitor listings*): _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Website Address: _____

Return to: Cindy A Wilson, TMS
TMS
184 Thorn Hill Road
Warrendale, PA 15086

Telephone: 724/776-9000, ext 231

Fax: 724/776-3770
Email: wilson@tms.org