

TMS2003

132nd Annual Meeting & Exhibition

SAN DIEGO TOUR REGISTRATION FORM

March 2-6, 2003 • San Diego, California, USA

1. Register now! On-site registration will be limited in San Diego. Accommodations are a space-available basis only.

2. Closing date for receipt of advance registration is Monday, February 17, 2003. Refunds will be made only if written cancellation is received prior to February 17, 2003 and may be subject to a surcharge.

3. Full payment must accompany your registration form, either check, money order, or credit card. Credit card purchases are subject to a \$2.00 service charge.

4. Tickets may be picked up or purchased (based on space availability) at the Tour Desk located at the Convention Center.

5. The Meeting Manager reserves the right to cancel the tour due to lack of minimum attendance. If the tour is cancelled, your money will be refunded in full after the convention.

6. All tours will depart from and return to the Convention Center.

7. All tours are conducted by The Meeting Manager trained and uniformed guides with one guide per motorcoach.

8. The Meeting Manager reserves the right to change itineraries or make substitutions when necessary. For additional details, call (619)275-0181.

Send completed San Diego Tour Registration Form with payment to:

The Meeting Manager
2437 Morena Blvd
San Diego, CA 92110
Attn: M. Stivers
PH: (619)275-0181
FAX: (619)275-4012

Tour

Monday, March 3, 2003

City Tour

9:00 am-1:00 pm

Cost per Person

\$31.00

of Tickets

_____ \$ _____

Tuesday, March 4, 2003

San Diego Zoo Tour

9:00 am-1:00 pm

\$65.00

_____ \$ _____

Wednesday, March 5, 2003

Whale Watching Tour

8:45 am-1:30 pm

\$61.00

_____ \$ _____

Wednesday, March 5, 2003

Winery Tour

9:00 am-3:00 pm

\$82.00

_____ \$ _____

**Box Lunch is Included.*

Add \$2 surcharge if paying by credit card

_____ \$ _____

TOTAL AMOUNT DUE

_____ \$ _____

Participant's Name: _____

Office Phone: _____ Home Phone: _____

Fax: _____

Company/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Method of Payment

Check enclosed #: _____ Amount \$: _____

Visa MasterCard (\$2 additional charge per credit card payment)

Credit Card #: _____ Expiration Date: _____

Signature: _____

Please print cardholders name: _____

Check here for special transportation needs. A representative from The Meeting Manager will contact you by telephone.

Check here for special dietary needs. A representative from The Meeting Manager will contact you by telephone.