

TMS2005

134th Annual Meeting & Exhibition

February 13-17, 2005

Moscone Convention Center San Francisco, California

SPONSORSHIP CONTRACT

Terms and Conditions:

This is a binding contract between the sponsoring company and TMS. TMS must receive this contract completed in full to reserve a sponsorship. Final payment is due no later than January 15, 2005. Payment in full must be received prior to fulfillment of the contracted sponsorship.

INDICATE YOUR INTENT TO RESERVE AN EVENT OR SERVICE BY CHECKING THE CORRESPONDING BOX

ACTIVITY

<input type="checkbox"/>	JOM Rubbish Deconstruction League	*Feature*	\$8,000 (Exclusive)	\$2,500 (Individual)
<input type="checkbox"/>	TMS Foundation Callaway Golf Giveaway		\$2,500 (Exclusive)	
<input type="checkbox"/>	Cyber Center	*Exclusive*	\$2,500	
<input type="checkbox"/>	Coffee Breaks	4 total	\$1,000 per break	
<input type="checkbox"/>	Poster Session		\$2,000	
<input type="checkbox"/>	Registration/Program Bags	RESERVED	\$1,000	
<input type="checkbox"/>	Information Booth		\$1,500	
<input type="checkbox"/>	Event Signs		\$1,750	
<input type="checkbox"/>	Snack/Beverage	*Exclusive*	\$1,000	
<input type="checkbox"/>	Prize Drawing		\$1,250	
<input type="checkbox"/>	Badge Lanyards	RESERVED	\$1,250	
<input type="checkbox"/>	Attendee Reception or Luncheon		<i>(Contact TMS to customize a sponsor level)</i>	
<input type="checkbox"/>	Student Mixer		\$1,000 each Sponsor	
<input type="checkbox"/>	Symposium Proceedings		\$5,000	

SIGNATURE, PAYMENT, SUBMISSION:

By completing the information below, you agree to the Terms & Conditions for sponsorship at the TMS 2005 Annual Meeting. Cancellations must be made in writing; 50% refund will be issued until December 15, 2004. After that date, no refunds will be extended.

ACCEPTED AND AGREED BY:

Contact Name:	<input type="text"/>	SIGNATURE:	<input type="text"/>
Company:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
		Email:	<input type="text"/>

PAYMENT METHOD: All payment in US funds.

<input type="checkbox"/> Please invoice	<input type="checkbox"/> Check Enclosed	Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card Number:	<input type="text"/>	Cardholder Name:	<input type="text"/>		
Expiration Date:	<input type="text"/>	TOTAL DUE	\$ <input type="text"/>		

Complete and return this form by **DECEMBER 31, 2004** to:

TMS, 184 THORN HILL RD, WARRENDALE, PA 15086 Fax: 724/776-3770 or contact: wilson@tms.org
