

TMS 2006

135th Annual Meeting & Exhibition

March 12-16, 2006

Henry B. Gonzalez Convention Center
San Antonio, Texas, USA

SPONSORSHIP CONTRACT

FAX

Fax this form to:
Attn: Cindy A. Wilson
USA (724) 776-3770

MAIL

Mail this form to:
TMS c/o Cindy A. Wilson
184 Thorn Hill Road
Warrendale, PA 15086-7514 USA

Terms and Conditions: This is a binding contract between the sponsoring company and TMS. TMS must receive this contract completed in full in order to reserve a sponsorship. Final payment is due no later than January 15, 2006. Payment in full must be received prior to the contracted sponsorship being fulfilled.

Reserve your sponsorship by checking a box below. **Complete and return this form by January 15, 2006.**

SELECT	SPONSORSHIP	SPONSOR LEVEL
<input type="checkbox"/>	Endorsing Sponsor	\$750
<input checked="" type="checkbox"/> Reserved	Registration/Program Bags— <i>for an Exclusive Sponsor</i>	\$1,000
<input type="checkbox"/>	Snack/Beverage— <i>for an Exclusive Sponsor</i>	\$1,000
<input type="checkbox"/>	Student Mixer	\$1,000
<input checked="" type="checkbox"/> Reserved	Badge Lanyards— <i>for an Exclusive Sponsor</i>	\$1,200
<input type="checkbox"/>	Prize Drawing— <i>for an Exclusive Sponsor</i>	\$1,250
<input type="checkbox"/>	Coffee Breaks (four total)	\$1,500 per break
<input type="checkbox"/>	Event Signs and Banners	\$1,750
<input type="checkbox"/>	Information Booth— <i>for an Exclusive Sponsor</i>	\$1,750
<input type="checkbox"/>	Cyber Center— <i>for an Exclusive Sponsor</i>	\$2,500
<input type="checkbox"/>	Attendee Reception or Luncheon	(Contact TMS to customize a sponsor level.)

Signature, Payment, Submission: By completing the information below, you agree to the Terms and Conditions for sponsorship at the TMS 2006 Annual Meeting & Exhibition. Cancellations must be made in writing; 50% refund will be issued until December 15, 2005. After that date, no refunds will be extended.

Accepted and Agreed By:

Contact Person _____ Signature _____

Company Name _____

Address _____

City _____ State _____ Postal Code _____

Country _____ E-mail Address _____

Telephone Number _____ Fax Number _____

Payment Method: (All payments must be made in U.S. funds.)

Check payable to TMS VISA MasterCard American Express Please Invoice

Card Number _____ Expiration Date _____

Cardholder Name (print) _____ Signature _____

Total Amount _____