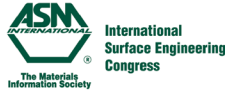




Registration Form

6 - 10 October 2002 • Greater Columbus Convention Center
Columbus, Ohio USA



**Advance Registration Deadline:
13 September 2002**

Fax or mail this form with payment to:
George E. Fern Company • 1100 Gest St.
Cincinnati, OH 45203 • FAX: (513) 621-4439

Please print or type

Mr. Ms. Mrs. Dr. Prof. ASM/TMS/IFHTSE ID# (required for discount) _____

Last Name _____ First Name _____ Middle Initial _____

Job Title _____

Company _____

Street Address _____

Dept./M.S. _____

City _____ State/Province _____ Zip _____ Country _____

Phone _____ Fax _____

E-mail _____

Is the above address a business address or a home address

Special Requirements _____

Dietary Restrictions: Vegetarian (V) Kosher (K) Diabetic (D)

1. Which category below BEST DESCRIBES the type of organization in which you are employed (please check only one)?

- | | | |
|---|---|---|
| INDUSTRIAL | INDUSTRIAL – Con't | INDUSTRIAL – Con't |
| <input type="checkbox"/> X01 Aerospace | <input type="checkbox"/> X09 Energy and Utilities | <input type="checkbox"/> X15 Thermal Spray – Commercial & Captive |
| <input type="checkbox"/> X02 Automotive | <input type="checkbox"/> X10 Heat Treating – Commercial | <input type="checkbox"/> X16 Consulting |
| <input type="checkbox"/> X03 Off-highway | <input type="checkbox"/> X11 Heat Treating – Captive (In-house) | <input type="checkbox"/> X17 Commercial Testing |
| <input type="checkbox"/> X04 Fabricated Metal Products | <input type="checkbox"/> X12 Heat Treating – Commercial & Captive | <input type="checkbox"/> X18 Contract R & D |
| <input type="checkbox"/> X05 Machinery (except electrical) | <input type="checkbox"/> X13 Thermal Spray – Commercial | <input type="checkbox"/> X19 EDUCATION |
| <input type="checkbox"/> X06 Electrical/Electronic Industry | <input type="checkbox"/> X14 Thermal Spray – Captive (In-house) | <input type="checkbox"/> X20 GOVERNMENT |
| <input type="checkbox"/> X07 Chemical/Process Industry | | <input type="checkbox"/> X21 BOOK DEALER |
| <input type="checkbox"/> X08 Primary Metals Production | | <input type="checkbox"/> X22 SUBSCRIPTION AGENT |

2. Please check a single selection in each column that BEST DESCRIBES you and your work.

- | | |
|--|--|
| JOB CLASSIFICATION | PRINCIPLE WORK DONE IN YOUR SECTION OR DIVISION OF THE ORGANIZATION |
| <input type="checkbox"/> Y01 CEO/President/Gen'l Management | <input type="checkbox"/> Y10 Manufacturing/Process Engineering |
| <input type="checkbox"/> Y02 Mgr/Supervisor of Division or Group | <input type="checkbox"/> Y11 Materials Testing and Selection |
| <input type="checkbox"/> Y03 Program/Project Mgr | <input type="checkbox"/> Y12 Quality Assurance/Quality Control |
| <input type="checkbox"/> Y04 Engineer/Scientist | <input type="checkbox"/> Y13 Design/Selection of Materials |
| <input type="checkbox"/> Y05 Technician/Operator | <input type="checkbox"/> Y14 Marketing/Sales |
| <input type="checkbox"/> Y06 Professor/Instructor | <input type="checkbox"/> Y15 Purchasing |
| <input type="checkbox"/> Y07 Student | <input type="checkbox"/> Y16 Training |
| <input type="checkbox"/> Y08 Librarian | |
| <input type="checkbox"/> Y09 R & D | |

3. How many employees are at your location?

- | | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Z01 1-4 | <input type="checkbox"/> Z02 5-9 | <input type="checkbox"/> Z03 10-14 | <input type="checkbox"/> Z04 15-19 | <input type="checkbox"/> Z05 20-49 | <input type="checkbox"/> Z06 50-99 |
| <input type="checkbox"/> Z07 100-249 | <input type="checkbox"/> Z08 250-499 | <input type="checkbox"/> Z09 500-999 | <input type="checkbox"/> Z10 1000-2499 | <input type="checkbox"/> Z11 2500 + | |

Please see "General Information" for what is included with each registration category.

Materials Solutions Event	Non-Member	Member
Value Package includes admission to Materials Solutions, The 13th International Federation for Heat Treatment/Surface Engineering Congress & ASM International Surface Engineering Congress, TMS Conference and Exhibits.		
• Full Conference - Attendees	<input type="checkbox"/> \$645 (MSAB)	<input type="checkbox"/> \$575 (MSAA)
• Full Conference - Participants ¹	<input type="checkbox"/> \$545 (MSBB)	<input type="checkbox"/> \$475 (MSBA)
• Full Conference - Students Only ²	<input type="checkbox"/> \$ 25 (MSCD) ³	<input type="checkbox"/> \$ 0 (MSCC)
Exhibits	Non-Member	Member
• Materials Solutions & Surface Engineering Exhibits (Pre-Reg Only)	<input type="checkbox"/> \$ 0 (JJJZ)	<input type="checkbox"/> \$ 0 (JJJY)
I am attending primarily for:		
<input type="checkbox"/> Materials Solutions Exhibit (JJJU)		
<input type="checkbox"/> Surface Engineering Exhibit (JJJV)		

Additional Functions:	Non-Member	Member
• ASM Committee/Council and Canada/Europe Awards Lunch (Monday)	_____ No. of Tickets	\$25 (KKKE) = _____
• ASM Awards Dinner Ticket (Monday)	_____ No. of Tickets	\$65 (KKKC) = _____
• TMS Young Leaders Tutorial Luncheon (Monday)	_____ No. of Tickets	\$25 (KKKK) = _____
• IFHTSE/SEC Dinner Ticket (Tuesday)	_____ No. of Tickets	\$50 (KKKM) = _____
• Prof. Gareth Thomas Honorary Dinner (Tuesday)	_____ No. of Tickets	\$50 (KKKO) = _____
• Prof. John Knott Honorary Dinner (Wednesday)	_____ No. of Tickets	\$60 (KKKN) = _____

Plant Tours (Thursday)	Non-Member	Member
• Worthington BeamAlloy	_____ No. of Tickets	\$20 (KKKG) = _____
• Worthington Steel Company	_____ No. of Tickets	\$20 (KKKH) = _____
• United States Air Force Museum	_____ No. of Tickets	\$20 (KKKI) = _____
• EWI, Edison Welding Institute	_____ No. of Tickets	\$20 (KKKJ) = _____

¹ Participants are Organizers, Session Chairs, Speakers and Poster Presenters Only
² To qualify for student rate, you must attach a copy of your student ID card. Registrations received without appropriate verification will be charged full conference registration fee.
³ Non-member students will receive a complimentary membership in ASM & TMS for 2003.

Method of Payment (all payments must be in U.S. dollars)
Registrations will not be processed without full payment

Check enclosed (payable to ASM International) Check#: _____

Credit Card Number _____ Exp. Date _____

MasterCard VISA American Express Discover Diners Club

Signature _____

CEMBOTMS
ASM reserves the right to amend this program as necessary.

Grand Total: \$ _____
