

ADVANCE REGISTRATION FORM

61ST ANNUAL DEVICE RESEARCH CONFERENCE
June 23–25, 2003 / University of Utah, Salt Lake City, Utah

WEB	FAX	MAIL
Take advantage of the convenience of on-line pre-registration via the TMS website: http://www.tms.org . Web registration requires credit card payment.	Fax this form to: TMS Meeting Services (724) 776-3770 Fax registration requires credit card payment.	Return this form with payment to: TMS Meeting Services 184 Thorn Hill Road Warrendale, PA 15086 USA

**ADVANCE REGISTRATION DEADLINE: JUNE 2, 2003
PAYMENT MUST ACCOMPANY FORM**

Forms received after June 2, 2003 will be processed at the next higher fee.

Please print or type: Member Identification Number: (TMS or IEEE) _____

Dr. Prof. Mr. Mrs. Ms. This address is: Business/Home/New Address/Address Correction

Last Name First Name Middle Initial

Employer: _____

Title: _____

Address: _____

City State/Province Zip/Postal Code Country

Telephone: _____ Fax: _____
Country Area/City Local Number Country Area/City Local Number

E-Mail Address: _____ Guest/Spouse Name: _____

Guests do not receive admission to Technical Sessions.

Please check the appropriate category and enter the total where indicated.

REGISTRATION FEES – Includes all Receptions and Tuesday Conference Banquet

	Advance Fees until June 2, 2003	On-site Fees after June 2, 2003
<input type="checkbox"/> Full Conference Member	\$ 335.00	\$ 395.00
<input type="checkbox"/> Full Conference Non-Member	\$ 395.00	\$ 445.00
<input type="checkbox"/> Student (Copy of student school identification card must accompany form.)	\$ 125.00	\$ 175.00

ADDITIONAL SOCIAL FUNCTION TICKETS – Tuesday Conference Banquet

<input type="checkbox"/> Adult	\$60	x	number	_____	\$	_____
<input type="checkbox"/> Children 12 years and younger	\$25	x	number	_____	\$	_____
<input type="checkbox"/> Check if you need transportation to the Tuesday Conference Banquet			number	_____		_____

PAYMENT OPTIONS

<input type="checkbox"/> Check payable to TMS. Payment should be made in US dollars, drawn on a US bank.		
<input type="checkbox"/> VISA		
<input type="checkbox"/> MasterCard	Registration Fees	\$ _____
<input type="checkbox"/> American Express	Additional Tickets	\$ _____
<input type="checkbox"/> Diner's Club	TOTAL FEES PAID	\$ _____

Card No.: _____ Exp. _____

Cardholder Name: _____

Signature: _____

REFUND POLICY: Written requests must arrive at TMS no later than June 2, 2003. A \$50 processing fee will be charged for all cancellations. No refunds will be issued after June 2, 2003.