

# Advance Registration Form

**WEB**

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**

Fax this form to TMS Educational Department  
**USA 724-776-3770**  
Fax registration requires credit card payment.

**MAIL**

Return this form with payment to  
Educational Department  
TMS  
184 Thorn Hill Road  
Warrendale, PA 15086

## Advance Registration Deadline: June 5, 2000

Payment must accompany form. Forms received after June 5th will be processed at the next higher fee.

**Please print or type**

Dr.  Prof.  OMs. **Member Identification Number:** (TMS or IEEE) \_\_\_\_\_

Mr.  Mrs. **This address is:**  Business  Home  New Address  Address Correction

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
COUNTRY AREA/CITY LOCAL NUMBER COUNTRY AREA/CITY LOCAL NUMBER

**E-Mail Address:** \_\_\_\_\_

*Please check the appropriate category and enter the totals where indicated.*

<b>Registration Fees</b> (includes a one year subscription to <i>Journal of Electronic Materials</i> )	<b>Fees to June 5, 2000</b>	<b>Fees after June 5, 2000</b>
<input type="radio"/> Full Conference Member .....	\$357 MJ .....	\$407 OMJ
<input type="radio"/> Full Conference USA Nonmember .....	\$489 NJ .....	\$539 ONJ
<input type="radio"/> Full Conference NON-USA Nonmember .....	\$519 NNJ .....	\$569 ONNJ
<input type="radio"/> One Day Member Day Attending: _____ .....	\$307 OMJ .....	\$357 OOMJ
<input type="radio"/> One Day USA Nonmember Day Attending: _____ .....	\$439 ONJ .....	\$489 OONJ
<input type="radio"/> One Day NON-USA Nonmember Day Attending: _____ .....	\$469 ONNJ .....	\$519 OONNJ
<input type="radio"/> Air Mail Delivery of <i>Journal of Electronic Materials</i> (Outside North America) .....	\$30 AIR .....	\$30 OAIR

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<input type="radio"/> Full Conference .....	\$325 AF .....	\$375 OF
<input type="radio"/> One Day Day Attending: _____ .....	\$275 AO .....	\$325 OO
<input type="radio"/> Student (Copy of student school identification card must accompany form.) .....	\$150 AS .....	\$200 OS

**Social Function Ticket** (Thursday, June 22 evening at the Museum/Dinner event included in full conference and student registration fees.)

Adult One Day Attendee or Guest ..... Number: \_\_\_\_\_ @ \$55/ea. = \_\_\_\_\_ ZA

Child (5-12 years) ..... Number: \_\_\_\_\_ @ \$25/ea. = \_\_\_\_\_ ZC

Check if you require transportation to the museum. .... Number: \_\_\_\_\_ Z

**Payment Method**

Check payable to TMS.  
*Payment should be made in US dollars drawn on a US bank.*

VISA  MasterCard  Diner's Club  American Express

Card No.: \_\_\_\_\_ Exp.: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Totals**

Registration Fees ..... \$ \_\_\_\_\_

Additional Museum/Dinner Tickets ..... \$ \_\_\_\_\_

**Total Fees Paid** ..... \$ \_\_\_\_\_

**REFUND POLICY:** Written requests must arrive at TMS no later than June 5, 2000. A \$50 processing fee will be charged for all cancellations.