ADVANCE REGISTRATION FORM



Take advantage of the convenience of on-line pre-registration via the TMS website:

<u>http://www.tms.org</u>
Web registration requires credit card payment.



Fax this form to TMS Meeting Services

USA 724-776-3770

Fax registration requires credit card payment.



Return this form with payment to

TMS 184 Thorn Hill Road Warrendale, PA 15086

Meeting Services

Advance Registration Deadline: June 4, 2001

Payment must accompany form. Forms received after June 4th will be processed at the next higher fee. Please print or type O Dr. O Prof. OMs. Member Identification Number: (TMS or IEEE) OMr. O Mrs. This address is: O Business O Home O New Address O Address Correction LAST NAME FIRST NAME MIDDLE INITIAL Employer: ____ Address: STATE/PROVINCE ZIP/POSTAL CODE COUNTRY Telephone: ______ Fax: _ COUNTRY AREA/CITY LOCAL NUMBER AREA/CITY LOCAL NUMBER E-Mail Address: _____ Guest/Spouse Name: __ Please check the appropriate category and enter the totals where indicated. **Registration Fees** (includes a one year subscription to *Journal of Electronic Materials*) Fees to June 4, 2001 Fees after June 4, 2001 O Full Conference Member \$377 \$427 O Full Conference USA Nonmember \$516 \$566 O Full Conference NON-USA Nonmember \$536 \$586 Day Attending: ______ \$327\$377 One Day Member Day Attending: ______ \$466\$516 One Day USA Nonmember\$486......\$536 One Day NON-USA Nonmember Day Attending: O Air Mail Delivery of Journal of Electronic Materials (Outside North America) \$20 \$20 \$20 **Registration Fees** (without a one year subscription to *Journal of Electronic Materials*) Fees to June 4, 2001 Fees after June 4, 2001 O Full Conference \$345 \$395 _____ \$295\$345 One Day Day Attending: O Student (Copy of student school identification card must accompany form.) \$150 \$200 **Social Function Ticket** (Thursday, June 28, Dinner Event included in full conference and student registration fees.) Totals **Payment Method** O Check payable to TMS. Registration Fees\$ Payment should be made in US dollars drawn on a US bank. Additional Dinner Tickets\$ O VISA O MasterCard O Diner's Club O American Express Total Fees Paid\$ ___ Card No.: _____ Exp.: _____ Cardholder Name: REFUND POLICY: Written requests must arrive at TMS no later than June 4, 2001. A \$50 processing fee will be charged for all cancellations. Signature: ___