To reserve exhibit space, complete this form and return to:
TMS, 184 Thorn Hill Road, Warrendale, PA 15086-7514;
fax (724) 776-3770; or e-mail exhibits@tms.org
For more information, telephone (724) 776-9000, ext. 231, or visit http://www.tms.org/EMC.html

It is understood that upon receipt of the completed form, TMS will process the applicant's options, assigning a space location. Space rental must be paid in full by June 1, 2007. A nonrefundable deposit of $275 is required to secure each space reserved and must be paid at the date of application. Application for space rental indicates the applicant's willingness to abide by all exhibit terms and conditions and general regulations.

TMS is hereby authorized to reserve the specified quantity of 8’x10’ exhibition space(s) for our company in the 2007 EMC exhibition:

Signature________________________________________________________________ Date_____________________________

Contact Person (to receive correspondence and exhibit materials)_______________________________________________________

Company Name (as it should appear in exhibitor listings)______________________________________________________________

Street______________________________________________________________________________________________________

City______________________________________________________State/Province___________Zip/Postal Code______________

Country________________________________________________________ E-mail____________________________________________

Telephone_________________________________________________Fax_______________________________________________

Please reserve _____ (quantity) 8’x10’ spaces @ $1,250 per 8’x10’ space.
Space number in order of preference _______   _______   _______   _______

The exhibit space rental includes: 6’x 30” draped table; two chairs; wastebasket; standard electricity; and one full conference registration.

Payment Information:
☐ Check (made payable to TMS)  TOTAL AMOUNT ENCLOSED $_____________________
☐ VISA      ☐ MasterCard ☐ Diners Club ☐ American Express

Card Number_____________________________________________ Expiration Date____________________

Cardholder Name (print)_____________________________________________________________________

Signature ________________________________________________________________________________

TMS USE ONL Y
Accepted by:___________________________________________________________ Date:_________________________________

Space Number Assigned: ____________Invoice #: ____________________ Invoice Date: ____________Invoice Amount: ____________