

12TH International Conference on
METAL ORGANIC VAPOR PHASE EPITAXY
May 30-June 3, 2004
Westin Maui Hotel, Maui, Lahaina, Hawaii

EXHIBITION SPACE RESERVATION FORM & CONTRACT

To reserve space for the Exhibition, complete this form and return to TMS at the address as follows.

Cindy A Wilson, TMS
184 Thorn Hill Rd
Warrendale, PA 15086-7528
Fax: (724) 776-3770
Email: wilson@tms.org
To register online, visit: <http://www.tms.org/icmovpe.html>

It is understood that TMS will process our options, assigning a space location and booth number. Space rental must be paid in full by May 14, 2004. A deposit of \$300 is required to secure each space reserved and must be paid at the date of application. Deposit is refundable, less a \$100 cancellation fee, if cancelled is received, in writing, before April 15, 2004. Application for space rental indicates the applicant's willingness to abide by all exhibit terms and conditions, and general regulations provided at the time of booking.

TMS (The Minerals, Metals & Materials Society) is hereby authorized to reserve the specified quantity of 10' x 10' exhibition space(s) for our company in the 2004 ICMOVPE Exhibition.

Contact Person: _____
(to receive correspondence & exhibit materials)

Company Name: _____
(as should appear in Exhibitor listings)

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ E-Mail: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

PLEASE RESERVE _____ (QUANTITY) 10' X 10' SPACES @ \$1,100.00 EACH

Exhibit space rental includes: draped back wall and side rail dividers; 6' x 30" draped table; two chairs; wastebasket; standard electrical service and lighting; and (1) technical session badge.

Payment Information:

CHECK *(Made payable to TMS)* VISA MasterCard American Express

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

TOTAL AMOUNT ENCLOSED: _____

TMS USE ONLY: Contract accepted by: _____ Date: _____

Space Number Assigned: _____ Invoice #: _____ Invoice Date: _____ Payment: _____