

**Twelfth International Conference on
Metal Organic Vapor Phase Epitaxy
(ICMOVPE-XII)**
May 30-June 4, 2004 • Lahaina, Maui, Hawaii

**Advance Registration Deadline: May 3, 2004,
PAYMENT MUST ACCOMPANY FORM.**
Forms received past this date will be
processed at the on-site fee structure.

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 Meeting Services
USA (724) 776-3770
Fax registration requires credit card payment.

MAIL

Return this form Meeting Services
with payment to: TMS
184 Thorn Hill Road
Warrendale, PA 15086

Instructions: Check your selections, and fill out the necessary information

PLEASE PRINT OR TYPE Dr. Prof. Mr. Mrs. Ms.
This address is: Business Home New Address Address Correction

Surname: _____ First Name: _____ Middle Initial: _____

Employer: _____

Address: _____

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

Country: _____ Telephone: _____

Fax: _____ E-Mail Address: _____

Accompanying Person Name for Badge: _____

(Guests do not receive admission to technical sessions.)

Registration Fees:

	Advance fees to May 3	On-Site fees after May 3
<input type="checkbox"/> Attendee*	\$450	\$525
<input type="checkbox"/> Student**	\$150	\$200

(Students must attach a copy of their school's identification card.)

* Attendee Registration fees include: Technical Sessions, Welcoming Reception, Conference Banquet, and one copy of the Proceedings.

** Student Registration fees include: Technical Sessions, Welcoming Reception, and Conference Banquet.

Social Function Tickets:	Fee	Number	Total
Additional Ticket for Spouse/Accompanying Person			
<input type="checkbox"/> Conference Banquet Thursday, June 3, 2004	\$60	_____	\$ _____

Additional Proceedings may be purchased	Fee	Number	Total
ICMOVPE-XII	\$75	_____	\$ _____

TOTAL FEES: \$ _____

Payment Options:

Check payable to TMS. Payment should be made in US dollars drawn on a US bank or via the following:

- VISA Diners Club
 MasterCard American Express

Card Number _____

Exp. Date _____

Cardholder Name (print) _____

Signature _____

Refund policy:

Written requests must arrive at TMS no later than May 3, 2004. A \$50 processing fee will be charged for all registration cancellations.