



**12<sup>TH</sup> International Conference on  
METAL ORGANIC VAPOR PHASE EPITAXY  
May 30 – June 3, 2004 Westin Maui Hotel, Maui, Hawaii**

**SPONSORSHIP CONTRACT**

Terms and Conditions: This is a binding contract between the sponsoring company and The Minerals, Metals & Materials Society Inc. Final payment is due no later than April 1, 2004. Payment in full must be received prior to fulfillment of the contracted sponsorship.

PLEASE INDICATE YOUR INTENT TO SPONSOR AN EVENT OR SERVICE  
CHECK THE CORRESPONDING BOX; COMPLETE THE CONTACT AND PAYMENT INFORMATION

SELECTION	DAY/DATE	EVENT	SPONSOR LEVEL
	Conference	Registrant badges, bags, lanyards	RESERVED: Epichem
	Sunday, May 30	Welcoming Reception	RESERVED: EMCORE
	Monday, May 31	Continental Breakfast/Mid Morning Coffee Break	\$5,000
	"	Conference Luncheon	\$7,500
	"	Afternoon Session Break/Beverage	\$2,500
	Tuesday, June 1	Continental Breakfast/Mid Morning Coffee Break	\$5,000
		Afternoon Session Break/Beverage	\$2,500
	"	Evening Poster Session Reception	Reserved by Nippon Sanso
	Wed, June 2	Continental Breakfast/Mid Morning Coffee Break	\$5,000
	"	Conference Luncheon	\$7,500
		Golf Outing/Social Event/Tour for attendees	Reserved by Epichem
	Thursday, June 3	Continental Breakfast/Morning Coffee Break	\$5,000
		Afternoon Session Break/Beverage	\$2,500
	"	Banquet Reception <i>Hors d'oeuvres/cocktails</i> )	Reserved: Akzo Nobel
	"	Banquet Dinner	RESERVED: Aixtron
	"	Banquet Entertainment	Reserved: Akzo Nobel

**CONTACT/SIGNATURE:**

By completing the information below, you agree to the Terms & Conditions for sponsorship at the 12<sup>TH</sup> International Conference on Metal Organic Vapor Phase Epitaxy. Cancellations must be made in writing; 50% refund will be issued until April 15, 2004. After that date, no refunds will be extended.

*ACCEPTED AND AGREED BY:*

Contact Name:  SIGNATURE:

Company:

Address:

Phone:  Fax:  Email:

**PAYMENT METHOD:** All payment in US funds.  Please invoice  Check Enclosed  Charge Credit Card:  
*Charge to:*  Visa  MasterCard  American Express

Card Number:  Cardholder Name:

Expiration Date:  TOTAL DUE \$

**FAX COMPLETED FORM TO: 724/776-3770 or mail to: TMS, 184 THORN HILL RD, WARRENDALE, PA 15086**