## The Second International Conference on Processing Materials for Properties November 5-8, 2000

San Francisco, California, USA



## **ADVANCE REGISTRATION FORM**

WEB	FAX	MAIL
Take advantage of the convenience of on-line pre-registration via the TMS website: http://www.tms.org.	Fax this form to TMS Meeting Services, + 724-776-3770.	Return this form with payment to: TMS Meeting Services
Web registration requires credit card payment.	Fax registration requires credit card payment.	184 Thorn Hill Road Warrendale, PA 15086 USA

Advance Registration Deadline: October 2, 2000 PAYMENT MUST ACCOMPANY FORM. Forms received past this date will be processed at the on-site fee structure. Instructions: Check your selections, and fill in the necessary information.

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TM	S or MMIJ Member Number:							
Plea	ase print or type							
	Dr. 🗖 Prof.	☐ Mr. ☐ Mrs	rs.	Ms.				
Thi	s address is: 🔲 Bu	siness 🗖 Ho	ome	□ Ne	w Address		Address Correction	
Surname: First Name:					_	Middle Initial:		
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City	:	State/Province:		_ Zip/Posta	al Code:		Country:	
Tele	phone:	Fax:		E-	Mail Address:			
Acco	ompanying Person Name for Badge:							
	(Guests do not receive admission to technical sessions.)							
REC	<b>REGISTRATION FEES:</b> Advance fees to October 2 On-Site fees after October 2							
	Member*	\$480		\$580				
	Non-Member* Student**	\$550 \$125		\$625 \$200		\$		
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AD	DITIONAL SOCIAL FUNCTI	ON TICKETS AND PROC	CEEDINGS					
_	Students/Spouses):			Fee	Number		Total	
	Welcoming Reception (Sund			\$25		\$		
<ul> <li>Conference luncheon (Monday</li> <li>Banquet (Tuesday, November 7</li> <li>Dietary Restrictions:</li> <li>PMP2 Proceedings</li> </ul>				\$35		\$		
			☐ Kosher (	\$60 K)		<b>&gt;</b>		
		= vogotarian (v)		books @ \$	\$85 each =	\$_		
	☐ Shipping (U.S.)			books @ S				
	☐ Shipping (elsewhere)			books @ S	520 each =	\$_		
					TOTAL FEES:	\$		
	efund policy: Written requests 1000. A \$50 processing fee wil							
PA	/MENT OPTIONS:							
	☐ Check payable to TMS. Payment should be made in US dollars drawn on a US bank or via the following.							
	VISA	Card Number	Card Number				Exp	
	MasterCard Diners Club	Cardholder Name (print)						
		Signature						
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