

The Second International Conference on Processing Materials for Properties
 November 5-8, 2000
 San Francisco, California, USA



ACCOMPANYING AND LEISURE TOURS

TOUR	TIME	PRICE	# OF PEOPLE	TOTAL
Monday, November 6 Sites of San Francisco	8:30am-12:30pm	\$35	_____	\$_____
Tuesday, November 7 Chinatown Walking Tour (Ending with Dim Sum Luncheon)	9:30am-1:00pm	\$40	_____	\$_____
Thursday, November 9 California Wine Experience (Lunch on your own in beautiful Sonoma Square)	9:30am-2:30pm	\$55	_____	\$_____
			TOTAL	\$_____

REGISTRATION DEADLINE: The registration deadline is October 1, 2000. After this date, tour registration will be taken on space-available basis only at the tour departure site Parc 55 (Cyril Magnin St.)

CANCELLATIONS: Cappa & Graham, Inc. reserves the right to cancel any tour if the minimum pre-registration is not met. In the event of tour cancellation, all pre-registration money will be refunded. Cappa & Graham, Inc. reserves the right to make comparable substitutions if circumstances beyond our control necessitate a change in any elements of the program started.

REFUNDS: There will be no refunds or exchanges after October 1, 2000 unless the tour is canceled. Should tour minimums not be met, all fees will be refunded. Otherwise, tours will operate rain or shine.

TOUR DEPARTURES: Tours depart promptly from the Parc 55 (Cyril Magnin St.). Please arrive 15 minutes prior to departure time. Your conformation notice is your tour ticket.

REGISTRATION AND PAYMENT: Complete and return the registration form with check or money order (in US funds only) or fax the form with your VISA/MasterCard card number. Add 3% convenience fee for credit card charges. Your confirmation will be mailed to you. Makes checks payable to Cappa & Graham, Inc. or list credit card information, and INCLUDE signature. DO NOT SEND THIS FORM TO TMS.

Cappa & Graham, Inc.

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 Phone: 415/543-3484 Fax: 415/543/2681 E-mail: cappa@pacbell.net

Payment Options: Check or Credit Card)

Card #: _____ Exp. Date: _____

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____ Signature: _____