

September 28 - October 1, 2014

Marriott City Center • Pittsburgh, PA

WEB

Register in advance online at
www.tms.org/meetings/2014/superalloy718-2014
Online registration requires credit card payment.

FAX

Fax this form to:
TMS Meeting Services
Fax: (724) 776-3770
Fax registration requires credit card payment.

MAIL

Return this form to:
TMS Meeting Services
184 Thorn Hill Road
Warrendale, PA 15086 -7514 USA

Discount Registration Deadline: August 28, 2014

Payment must accompany form.

Forms received after August 28 will be processed at the standard rate.

First Name: _____ Middle Initial: _____

Last Name: _____

Name/Nickname for badge: _____

Affiliation/Employer: _____

Title: _____

This address is Business Home New Address Address Correction

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

REGISTRATION FEE

Full-conference registration fee includes technical sessions, Sunday welcome reception, conference luncheons (Monday-Wednesday), refreshment breaks, and one copy of the proceedings CD.

	Discount*	Standard
Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Nonmember**	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Student ***	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325

*Discount registration fee applies through August 28 only.

** Includes TMS membership for the remainder of 2014 and all of 2015.

*** Copy of student school identification card must accompany form.

Additional copies of the proceedings CD may be purchased from www.wiley.com after the meeting.

ADDITIONAL LUNCHEON TICKETS

Monday Luncheon
Quantity: _____ @ \$45/each = _____

Tuesday Luncheon
Quantity: _____ @ \$45/each = _____

Wednesday Luncheon
Quantity: _____ @ \$45/each = _____

Guest Name(s): _____

(Guests do not receive admission to technical sessions.)

Indicate Any Dietary Restrictions for Registrant or Guest:

REGISTRATION TOTAL

Congress Registration \$ _____

Add. Luncheon Tickets \$ _____

Total Payment \$ _____

Payment Method (Check all that apply):

Check, Bank Draft, Money Order

(Make checks payable to TMS.)

Credit Card

PAYMENT

Payment should be made in U.S. dollars drawn on a U.S. bank.

Visa MasterCard Discover American Express

Card #: _____ Expiration Date: _____ CVV#: _____

Cardholder Name: _____

Signature: _____

I authorize TMS to charge my credit card in the amount of \$ _____

REFUND POLICY: Written requests must arrive at TMS no later than August 28, 2014.
No refunds will be issued after August 28, 2014. A \$75 processing fee is charged for all cancellations.