



WEB

Register in advance online at
www.tms.org/SFF2016
 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

REGISTRATION DEADLINE: July 25, 2016 - Payment must accompany form.

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: _____

Indicate Any Dietary Restrictions: Gluten-Free Kosher

Vegetarian Other: _____

REGISTRATION

The full-conference and student registration fees include full meeting access, the Sunday evening pre-conference social event, the Monday evening awards banquet, and the Tuesday evening social event, transportation from the conference hotels to the meeting and all social events, and a flash drive copy of the post-conference proceedings. Daily registration includes one social event ticket on that day, but does not include a copy of the proceedings.

Full-Conference \$595

Student* \$350

Daily Monday Tuesday Wednesday \$200/day

**Must be a full-time graduate or undergraduate student. A copy of student school ID card is required for non-Material Advantage members; must mail or fax form with a copy of school ID card.*

SOCIAL EVENTS

I plan to attend the Sunday pre-conference event

Yes No Additional Tickets: _____ @ \$0/each = _____

I plan to attend the Monday evening Awards Banquet

Yes No Additional Tickets: _____ @ 50/each = _____

Tuesday Evening Social Event

Yes No Additional Tickets: _____ @ 50/each = _____

Guest name for additional tickets: _____

Indicate Any Dietary Restrictions for Guest: Gluten-Free Kosher

Vegetarian Other: _____

Note: Guests do not receive a name badge or admission to technical sessions.

REGISTRATION TOTAL

Conference Registration \$ _____

Social Event Guest Tickets \$ _____

Total Payment \$ _____

PAYMENT

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

Visa MasterCard Discover American Express Check

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

Cardholder Name: _____

Signature: _____

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