

DIVERSITY

IN THE MINERALS, METALS, AND MATERIALS PROFESSIONS (DMMM2)



REGISTRATION FORM

July 25-26, 2016 | Northwestern University, Evanston, IL

WEB

Register in advance online at:
www.tms.org/diversity2016
 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

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

Build a more diverse and inclusive professional community. Take home skills and strategies to make a difference in your own workplace and career experience. Expand your network of colleagues who share your commitment to engaging the widest diversity of perspectives on today's complex scientific and engineering challenges.

Plan now to attend the 2nd Summit on Diversity in the Minerals, Metals and Materials Professions (DMMM2), sponsored by TMS.

Discount Registration Deadline: June 30, 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: _____

REGISTRATION FEE

Registration fee includes plenary, keynotes, panel discussions, professional development opportunities, refreshment breaks, two lunches, and networking reception.

Discount \$550 Standard \$650

**Discount registration fee applies through June 30, 2016 only.*

Additional/Guest Tickets for Social Function

Networking Reception

Number: _____ @ \$50/each= _____

Guest Name: _____

Indicate Any Dietary Restrictions: Gluten-Free Kosher Vegetarian

Other: _____

REGISTRATION TOTAL

Registration Total \$ _____ USD

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 No _____ 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 June 30, 2016. No refunds will be issued after June 30, 2016. A \$75 processing fee is charged for all cancellations.