

REGISTRATION FORM

August 13-17, 2017 • Marriott Portland Downtown Waterfront • Portland, Oregon, USA

WEB	Register online at www.tms.org/EnvDeg2017 Online registration requires credit card payment.	X T	Fax this form to: TMS Meeting Services Fax: (724) 776-3770 Fax registration requires credit card payment.		Return this form to: TMS Meeting Services 5700 Corporate Drive Suite 750 Pittsburgh, PA 15237 USA		
Discount Registration Deadline: July 7, 2017							
Payment must accompany form. Forms received after July 7, 2017 will be processed at the standard rate.							
First Name:Middle Initial: Last Name:			Member*		Discount ⁺	Standard \$850 \$650	
Name/Nickname for badge:			One-Day Member*		□ \$875 □ \$395	□ \$950 □ \$425	
NACE, ANS, or CNS member number:					□ \$475 □ \$275	□ \$495 □ \$275	
Affiliation/Employer:			Student Nonmember**		□ \$350	□ \$350	
Title: This address is Business Home New Address Address Correction				I plan on attending the conference dinner, included in my registration fee:			
Street Address:			+Discount registration rates apply th *The discount member rate is availa	+Discount registration rates apply through July 7, 2017. *The discount member rate is available is available to TMS, NACE International, American Nuclear Society (ANS), and Canadian Nuclear Society (CNS) members. Society member number must be included on this form to receive discount rate. **Must be a full-time graduate or undergraduate student; a copy of student school identification card is required; must mail or fax form. ***Nonmember registration fees include TMS e-membership through 2018.			
City: State/Province:			number must be included on this for **Must be a full-time graduate or und				
Zip/Postal Code:							
Country:			ADDITIONAL/GUEST TIC	ADDITIONAL/GUEST TICKETS FOR SOCIAL FUNCTIONS			
Telephone:			I I Welcome Reception	Welcome Reception Quantity: @ \$60/each =			
Fax: E-mail:			Dector Cossion Decentio	Poster Session Reception Quantity: @ \$50/each =			
I agree to let TMS share my e-mail address with its meeting partners.				Quar	ntity: @ \$	5120/each =	
Indicate Any Dietary Restrictions: Gluten-Free Kosher Vegetarian Other:				Guest/Spouse Name:			
REGISTRATION Registration fee includes technical sessions, welcome reception,			Gluten-Free Kosher	Indicate Any Dietary Restrictions for Guest:			
	shment breaks, poster reception, access one ticket to the conference dinner.	to the online procee	edings,				
REGISTRATION TOTAL			PAYMEN	PAYMENT			
Ac To	nference Registration \$ ditional/Guest Tickets \$ tal Payment \$ yment Method (check all that apply):	terCard Discover Americ Expirat	/ment should be made in U.S. dollars drawn on a U.S. bank. d Discover American Express Expiration Date: CVV#:				
 Check, Bank Draft, Money Order (Make checks payable to TMS.) Credit Card 		I authorize TMS to charge my credit card in the amount of \$					

No refunds will be issued after July 7, 2017. A \$75 processing fee is charged for all cancellations.

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