



# EXHIBIT SPACE RESERVATION FORM

Conference dates: July 10-13, 2016  
St. Charles (Suburban Chicago), Illinois

<b>FAX</b>	Fax this form to: TMS Exhibit and Sponsorship Sales Fax: (724) 814-3141	<b>MAIL</b>	Mail this form to: TMS Exhibit and Sponsorship Sales 184 Thorn Hill Road Warrendale, PA 15086 USA	<b>ASK</b>	Questions? Contact TMS Phone: (724) 814-3140 E-mail: cgavrish@tms.org
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## Exhibit Information

Reserve \_\_\_\_\_ (quantity) table-top spaces for the Third International Conference on 3D Materials Science.

*The exhibit space rental includes: 6'x30" draped table; two chairs; wastebasket; standard electricity; and one full conference registration.*

It is understood that upon receipt of the completed form, TMS will assign a space to the exhibiting company. The fee for the space, \$1,750 (USD), must be paid in full by May 21, 2016. Application for space rental indicates the applicant's willingness to abide by all exhibit terms and conditions and general regulations.

*Accepted and agreed by:*

Contact Person: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Web: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Payment

**Payment Method (check all that apply):**

- Check payable to TMS       Please invoice me.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Number: _____
Expiration Date: _____
Cardholder Name (Print): _____
Signature: _____
Total Amount: _____