

ADVANCE  
REGISTRATION FORM

TMS FALL MEETING '99  
31 October - 4 November, 1999 • Cincinnati, OH

<b>WEB</b>	Take advantage of the convenience of on-line pre-registration via the TMS website: <a href="http://www.tms.org">http://www.tms.org</a> Web registration requires credit card payment.	<b>FAX</b>	Fax this form to TMS Customer Service, + 724.776.3770. Fax registration requires credit card payment.	<b>MAIL</b>	Return this form with payment to: TMS Customer Service Center 184 Thorn Hill Road Warrendale, PA 15086 USA
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**ADVANCE REGISTRATION DEADLINE: 11 October, 1999**

*Instructions: Check your selections and fill in the necessary information. PAYMENT MUST ACCOMPANY FORM.*

**Please print or type**

Dr.  Prof.  Ms. Member of:  TMS  ASM International  ISS ID # \_\_\_\_\_  
 Mr.  Mrs. This address is:  Business  Home  New Address  Address Correction

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REGISTRATION FEES**

<input type="checkbox"/> Member	\$ 425	AM
<input type="checkbox"/> Non-member <sup>(1)</sup>	\$ 525	AN
<input type="checkbox"/> Student member <sup>(2)</sup>	\$ Free	AS
<input type="checkbox"/> Student non-member <sup>(2)</sup>	\$ 25	ASN
<input type="checkbox"/> Retired member	\$ 200	AR
<input type="checkbox"/> Bridge fee for ASM International Materials Solutions <sup>(3)</sup>	\$ 50	AB

- (1). Includes associate membership in TMS through 2000.  
 (2). A copy of your school identification card must accompany form. Student non-members become members of TMS through the year 2000.  
 (3). All attendees must pay this \$50 bridge fee, in addition to their TMS Fall Meeting registration fee, to attend ASM International Materials Solutions programming at the convention center.

SOCIAL FUNCTION TICKETS	Fee	Quantity	Total	
<input type="checkbox"/> Young Leaders Tutorial Luncheon	\$15	_____	\$ _____	BL
<input type="checkbox"/> Julia Weertman Honorary Dinner	\$50	_____	\$ _____	JW

Dietary Restrictions:  Vegetarian (V)  Kosher (K)  Low Fat (F)  Low Salt (LS)  Diabetic(D)

**REFUND POLICY:** *Written requests must be received at TMS no later than 11 October 1999. A \$50 processing fee will be charged for all registration cancellations.*

Registration Fees ..... \$ \_\_\_\_\_  
 Social Function Tickets ..... \$ \_\_\_\_\_  
 TOTAL FEES PAID ..... \$ \_\_\_\_\_

**PAYMENT OPTIONS**

Check. Make checks payable to TMS. Payment should be made in US dollars drawn on a US bank or via the following.  
 VISA  MasterCard Card No. \_\_\_\_\_  
 Diners Club  American Express Cardholder Name (Print) \_\_\_\_\_ Exp. \_\_\_\_\_  
 Signature \_\_\_\_\_