

# ADVANCE REGISTRATION FORM

62nd ANNUAL DEVICE RESEARCH CONFERENCE (DRC)  
June 21-23, 2004 • University of Notre Dame, Notre Dame, Indiana

<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 Meeting Services <b>724-776-3770</b> Fax registration requires credit card payment.	<b>MAIL</b> Return this form with payment to <b>TMS</b> Meeting Services 184 Thorn Hill Road Warrendale, PA 15086
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## Advance Registration Deadline: June 2, 2004

Payment must accompany form. Forms received after June 2nd will be processed at the next higher fee.

**Please print or type**

Dr.     Prof.     Ms.    **Member Identification Number: (TMS or IEEE)** \_\_\_\_\_  
 Mr.     Mrs.    **This address is:**     Business     Home     New Address     Address Correction

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**Telephone:** COUNTRY \_\_\_\_\_ AREA/CITY \_\_\_\_\_ LOCAL NUMBER \_\_\_\_\_  
**Fax:** COUNTRY \_\_\_\_\_ AREA/CITY \_\_\_\_\_ LOCAL NUMBER \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Guest/Spouse Name: \_\_\_\_\_

GUESTS DO NOT RECEIVE ADMISSION TO TECHNICAL SESSIONS OR TUESDAY BANQUET

*Please check the appropriate category and enter the totals where indicated.*

Registration Fees — Includes All Receptions and Tuesday Conference Banquet	ADVANCE FEES UNTIL JUNE 2, 2004	ON-SITE FEES AFTER JUNE 2, 2004
<input type="checkbox"/> Full Conference Member .....	\$350 .....	\$425 .....
<input type="checkbox"/> Full Conference Nonmember .....	\$400 .....	\$475 .....
<input type="checkbox"/> Student (Copy of student school identification card must accompany form.) .....	\$125 .....	\$175 .....

Additional Social Function Tickets — Includes Tuesday Conference Banquet
<input type="checkbox"/> Adult \$40 x Number: _____ \$ _____
<input type="checkbox"/> Children 12 years and younger \$15 x Number: _____ \$ _____

Payment Method
<input type="checkbox"/> Check (Make checks payable to TMS. Payment should be made in US dollars drawn on a US bank.) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Diner's Club <input type="checkbox"/> American Express

Card No.: \_\_\_\_\_ Exp.: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

Totals	
Registration Fees .....	\$ _____
Additional Tickets .....	\$ _____
<b>TOTAL FEES PAID</b> .....	<b>\$ _____</b>

**REFUND POLICY:** Written requests must arrive at TMS no later than June 2, 2004. No refunds will be issued after June 2, 2004. A \$50 processing fee will be charged for all cancellations.