



# SPONSORSHIP OPTIONS

5<sup>th</sup> World Congress on Integrated  
 Computational Materials Engineering  
 Conference dates: July 21-25, 2019  
 Indianapolis, Indiana, USA

<b>FAX</b>	Fax this form to: TMS Exhibit and Sponsorship Sales Fax: (724) 776-3770	<b>eMAIL</b>	eMail this form to: Doug Shymoniak <a href="mailto:dshymoniak@tms.org">dshymoniak@tms.org</a>	<b>ASK</b>	Questions? Contact Doug Shymoniak Phone: (724) 814-3140 E-mail: <a href="mailto:dshymoniak@tms.org">dshymoniak@tms.org</a>
------------	---	--------------	---	------------	---

## Terms and Conditions

The Sponsorship Reservation Form constitutes an agreement between the sponsoring company and TMS. TMS must receive a completed Sponsorship Reservation Form in order to reserve a sponsorship. Final payment is due upon receipt of invoice from TMS.

## Sponsorships

The following sponsorship options are available for the conference:

### Platinum Level: \$10,000

- Four full-conference registrations
- One table in the conference exhibit area
- Full-page ad in the conference program
- Logo and link on conference website and in the at-meeting program

### Gold Level: \$7,500

- Three full-conference registrations
- One table in the conference exhibit area
- Full-page ad in the conference program
- Logo and link on conference website and in the at-meeting program

### Silver Level: \$5,000

- Two full-conference registrations
- One table in the conference exhibit area
- Half-page ad in the conference program
- Logo and link on conference website and in the at-meeting program

### Bronze Level: \$2,500

- One full-conference registration
- One table in the conference exhibit area
- Logo and link on conference website and in the at-meeting program

## Exhibit Participation and Complimentary Registration Policy

Note: Each sponsorship of \$2,500 or more includes one complimentary space in the conference networking area and one complimentary registration. Sponsors will receive one additional complimentary registration for each \$2,500 in additional sponsorship support above the initial \$2,500 amount.

## Create Your Own Sponsorship

TMS will work with you and your team to develop a sponsorship to meet your marketing objectives. Contact TMS for more information.

## Payment

Payment is accepted via credit card (Visa, MasterCard, Discover, and American Express) or check. Payment terms are net 30 days unless other arrangements are made. In the event that a sponsorship must be cancelled, the request must be made in writing; 50% refund (minus materials costs incurred for logo-imprinted sponsored items) will be issued until May 31, 2019. After that date, no refunds will be extended.



# SPONSORSHIP RESERVATION FORM

5<sup>th</sup> World Congress on Integrated  
 Computational Materials Engineering  
 Conference dates: July 21-25, 2019  
 Indianapolis, Indiana, USA

<b>FAX</b>	Fax this form to: TMS Exhibit and Sponsorship Sales Fax: (724) 776-3770	<b>eMAIL</b>	eMail this form to: Doug Shymoniak <a href="mailto:dshymoniak@tms.org">dshymoniak@tms.org</a>	<b>ASK</b>	Questions? Contact Doug Shymoniak Phone: (724) 814-3140 E-mail: <a href="mailto:dshymoniak@tms.org">dshymoniak@tms.org</a>
------------	---	--------------	---	------------	---

## Terms and Conditions

This form constitutes an agreement between the sponsoring company and TMS. TMS must receive this form completed in full in order to reserve a sponsorship. Final payment is due upon receipt of invoice from TMS.

## Sponsorships

Sponsorship	Sponsor Level

By completing the information below, you agree to the terms and Conditions for sponsorship at the **5<sup>th</sup> World Congress on Integrated Computational Materials Engineering**. Cancellations must be made in writing; 50% refund (minus materials costs incurred for logo-imprinted sponsored items) will be issued until **May 31, 2019**. After that date, no refunds will be extended.

*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.

Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_

Signature \_\_\_\_\_

Total Amount: \_\_\_\_\_