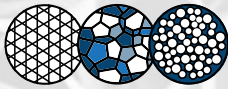


# MetFoam2019



11th International Conference on Porous Metals and Metallic Foams

## REGISTRATION FORM

August 20 – 23, 2019  
Doubletree by Hilton Hotel  
Dearborn, Michigan, USA

WEB

Register in advance online:  
www.tms.org/metfoam2019  
Online registration requires credit card payment.

FAX

Fax this form to:  
TMS Meeting Services  
1-724-776-3770  
Fax registration requires credit card payment.

MAIL

Return this form with payment to:  
TMS Meeting Services  
5700 Corporate Drive Suite 750  
Pittsburgh, PA 15237

### DISCOUNT REGISTRATION DEADLINE: JULY 8, 2019

Payment must accompany form. Forms received after July 8, 2019, will be processed at the standard rate.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Name/Nickname for badge: \_\_\_\_\_

Affiliation/Employer: \_\_\_\_\_

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

This address is  Business  Home  New Address  Address Correction

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### REGISTRATION FEES

Discount  \$670  
Standard  \$770  
Student\*  \$370

\* Copy of student school identification card must accompany form.

I plan on attending the conference banquet (included in my registration fee):  
 Yes  No

#### ADDITIONAL/GUEST TICKETS FOR SOCIAL FUNCTIONS

##### Conference Banquet

If you would like to purchase additional guest tickets for this event:

Number: \_\_\_\_\_ @ \$80/each = \_\_\_\_\_

Guest Name: \_\_\_\_\_

##### Welcome Reception

Number: \_\_\_\_\_ @ \$45/each = \_\_\_\_\_

Guest Name: \_\_\_\_\_

##### Poster Reception

Number: \_\_\_\_\_ @ \$35/each = \_\_\_\_\_

Guest Name: \_\_\_\_\_

Indicate Any Dietary Restrictions for Registrant and/or Guests:

Gluten-Free  Vegetarian  Other:

#### REGISTRATION

Registration includes access to the welcome reception, technical sessions, poster session, conference lunches, refreshment breaks during session intermissions, conference banquet, and a copy of the conference proceedings with electronic access.

I agree to receive TMS communications about important society news, updates, and future events.

I permit TMS to share my e-mail address with exhibitor and sponsor partners for this event.

### REGISTRATION TOTAL

Conference Registration \$ \_\_\_\_\_

Additional Tickets \$ \_\_\_\_\_

**Total Payment** \$ \_\_\_\_\_

Payment Method (Check all that apply):

Check, Bank Draft, Money Order

(Make checks payable to TMS.)

Credit Card

### PAYMENT

Payment should be made in U.S. dollars drawn on a U.S. bank.

Visa  MasterCard  Discover  American Express

Card No \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature: \_\_\_\_\_

I authorize TMS to charge my credit card in the amount of \$ \_\_\_\_\_

CANCELLATION/REFUND POLICY: Written requests must arrive at TMS no later than July 8, 2019. No refunds will be issued after July 8, 2019. A \$75 processing fee is charged for all cancellations.

NOTICES

- In all activities, TMS is committed to providing a professional environment free of harassment, disrespectful behavior, or other unprofessional conduct. TMS requires all attendees to abide by the Anti-Harassment Policy available on the conference website.
- TMS reserves the right to all audio and video reproductions of presentations at TMS-sponsored meetings. By registering for this meeting, all attendees acknowledge that they may be photographed by TMS personnel while at events, and that those photos may be used for promotional purposes, in and on TMS publications and websites, and on social media sites.