

<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 June 24, 2019. After that date, no refunds will be extended.



11th International Conference on Porous Metals and Metallic Foams

**SPONSORSHIP RESERVATION FORM**  
 11th International Conference on Porous Metals and Metallic Foams (MetFoam 2019)  
 Conference dates: August 20-23, 2019  
 Dearborn, Michigan, US

<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: dshymoniak@tms.org
------------	---	--------------	---	------------	---

**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 **11th International Conference on Porous Metals and Metallic Foams conference**. Cancellations must be made in writing; 50% refund (minus materials costs incurred for logo-imprinted sponsored items) will be issued until **June 24, 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: \_\_\_\_\_