

NUMIFORM 2019
The 13th International Conference
on Numerical Methods in Industrial Forming Processes.

EXHIBIT SPACE RESERVATION FORM

NUMIFORM 2019: The 13th International Conference on
Numerical Methods in Industrial Forming Processes
Conference dates: June 23-27, 2019
Portsmouth, New Hampshire, USA

FAX	Fax this form to: TMS Exhibit and Sponsorship Sales Fax: (724) 776-3770	eMAIL	eMail this form to: Doug Shymoniak dshymoniak@tms.org	ASK	Questions? Contact Doug Shymoniak Phone: (724) 814-3140 E-mail: dshymoniak@tms.org
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Exhibit Information - \$3,000 USD

Exhibit opportunities include a tabletop exhibit presence in the heart of conference activities. Peak traffic times will be during the daily mid-morning and mid-afternoon refreshment breaks. Each exhibit reservation comes with a valuable full-conference registration, which includes the following access:

- Sunday Welcome Reception
- Wednesday Conference Banquet
- Entrance to plenary and technical sessions
- Breakfast and lunch, as provided by the conference for the delegates
- Refreshment breaks during session intermissions

Reserve _____ (quantity) tabletop space(s) for the 13th International Conference on Numerical Methods in Industrial Forming Processes conference.

The exhibit space rental includes: one (1) 6' x 30" draped table, two (2) chairs, wastebasket, standard electricity, logo on conference website, one (1) half-page advertisement in the final program, one (1) full-conference registration, and pre-registration list with names and affiliations. (Please note that attendees must opt in to be included on this list.)

It is understood that upon receipt of the completed form, TMS will assign a space to the exhibiting company. The fee for the space, \$3,000 (USD), must be paid in full by April 22, 2019. A nonrefundable deposit of \$325 is required to secure each space reserved and must be paid at the date of application. Application for space rental indicates the applicant's willingness to abide by all exhibit terms and conditions and general regulations.

Accepted and agreed by:

Contact Person: _____

Title: _____

Company Name: _____

Street Address: _____

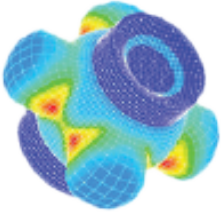
City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____ Web: _____

Signature: _____



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Payment

Payment Method (check all that apply):

- Check payable to TMS Please invoice me.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Number: _____
Expiration Date: _____
Cardholder Name (Print): _____
Signature _____
Total Amount: _____