



NUMIFORM 2019

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

REGISTRATION FORM

June 23-27, 2019

Sheraton Portsmouth Harborside Hotel
Portsmouth, New Hampshire, USA

WEB

Register online at
www.tms.org/NUMIFORM2019
Online registration requires credit card payment.

FAX

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

MAIL

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

Discount Registration Deadline: April 30, 2019

Payment must accompany form. Forms received after April 30, 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: _____

Indicate Any Dietary Restrictions:

Gluten-Free Vegetarian Other:

REGISTRATION

Registration fee includes technical sessions, welcome reception, refreshment breaks, poster reception, and one ticket to the conference dinner.

	Discount*	Standard
Full Conference Registration	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Student Registration**	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500

* Discount rates through April 30, 2019

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

I plan on attending the conference dinner, included in my registration fee:

Yes No

ADDITIONAL/GUEST TICKETS FOR SOCIAL FUNCTIONS

Sunday Reception and Wednesday Conference Dinner

Quantity: _____ @ \$175/each = _____

Guest/Spouse Name: _____

Please note: Guests do not receive admission to technical sessions.

Indicate Any Dietary Restrictions for Guest:

Gluten-Free Vegetarian Other:

I permit the NUMIFORM organizers to share my e-mail address with its NUMIFORM2019 exhibitor/sponsor partners.

REGISTRATION TOTAL

Conference Registration \$ _____

Additional/Guest 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 #: _____ Expiration Date: _____ CVV#: _____

Cardholder Name: _____

Signature: _____

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

REFUND POLICY: Written requests must arrive at TMS no later than April 30, 2019
No refunds will be issued after April 30, 2019. A \$75 processing fee is charged for all cancellations.