



WEB

Register in advance online at
www.tms.org/SFF2019
 Online registration requires credit card payment.

FAX

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

MAIL

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

REGISTRATION DEADLINE: August 8, 2019 - Payment must accompany form.

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: _____

Do not include my:

name affiliation address phone number email address
 in the SFF 2019 proceedings attendee directory. (Unchecked boxes
 will appear in the directory.)

Indicate Any Dietary Restrictions for Registrant:

Gluten-Free Vegetarian Other:

REGISTRATION

The full-conference and student registration fees include full meeting access, the Sunday evening pre-conference social event, the Monday evening awards banquet, lunch on Tuesday, and a flash drive copy of the post-conference proceedings*. Daily registration includes one social event ticket on that day, but does not include a copy of the proceedings.

Full-Conference \$620

Student** \$400

Daily Monday Tuesday Wednesday \$250/day

**The conference proceedings on a flash drive will be sent to all full-conference and student registrants at the address provided on this form. If the proceedings should be sent to a different address, please notify TMS before August 14. Individuals who cancel their registrations and do not receive a refund are entitled to the flash drive conference proceedings.*

***Must be a full-time graduate or undergraduate student. A copy of student school ID card is required for non-Material Advantage members; must mail or fax form with a copy of school ID card.*

SOCIAL EVENTS

I plan to attend the Sunday pre-conference event

Yes No Additional Tickets: _____ @ \$0/each = _____

I plan to attend the Monday evening Awards Banquet

Yes No Additional Tickets: _____ @ 100/each = _____

Guest name for additional tickets: _____

Indicate Any Dietary Restrictions for Guest:

Gluten-Free Vegetarian Other:

Note: Guests do not receive a name badge or admission to technical sessions.

Request a Visa Letter

To request an official visa invitation letter for this conference, please send your request to MtgServ@tms.org. Letters will be generated as requested, so you can submit it along with other required documentation to the appropriate Consulate/Embassy. Please note that this letter does not guarantee you will be granted a visa. If you need additional assistance please call at 1-724-776-9000, ext. 211.

REGISTRATION TOTAL

Conference Registration \$ _____

Social Event Guest Tickets \$ _____

Total Payment \$ _____

PAYMENT

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

Visa MasterCard Discover American Express Check
 Card #: _____ Expiration Date: _____ CVV#: _____

Cardholder Name: _____

Signature: _____

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