



WEB

Register in advance online at
www.tms.orgSFF2022
 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: July 21, 2022 - Payment must accompany form.

Preferred Name for Badge: _____
 Middle Initial: __ Last Name: _____
 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/Employer Address Telephone E-mail
 in the SFF 2022 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, and lunch on Tuesday. Daily registration includes one social event ticket on that day.

Full-Conference \$660

Student* \$450

Daily Monday Tuesday Wednesday \$250/day

**Must be a full-time graduate or undergraduate student. A copy of student school ID card is required; 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: _____ @ \$110/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 \$ _____