

MAY 14-17, 2023

Sheraton Pittsburgh Hotel at Station Square Pittsburgh, Pennsylvania, USA

REGISTRATION FORM

WEB

Register online at www.tms.org/Superalloy718-2023 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

No refunds will be issued after April 3, 2023. A \$120 processing fee is charged for all

cancellations

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

Discount Registration Deadline: April 3, 2023

Payment must accompany form. Forms received after April 3, 2023 will be processed at the standard rate. REGISTRATION First name to appear on badge: _____ Middle Initial: ___ Registration fee includes access to technical sessions, welcome reception, Last name: daily food and beverage functions, and the conference proceedings in PDF ebook format. Affiliation/Employer: Standard Discounta \$855 \$955 Member This address is Business Home New Address Address Correction Nonmember^b \$975 \$1.075 Street Address: Member Student^c \$425 \$525 City: _____ State/Province: ____ Nonmember Student^d \$485 \$585 ^a Discount rates through April 3, 2023; ^b Includes TMS membership through 2023; ^c Current Zip/Postal Code: _____ Country: ____ member of the Material Advantage student program; d Must be a full-time graduate or undergraduate student at the time of registration; a copy of student school identification card is Telephone: _____ Fax: _____ required; nonmember students must mail or fax form. E-mail: Indicate Any Dietary Restrictions:

Gluten-Free Vegetarian I agree to abide by the TMS COVID-19 Release & Hold Harmless Agreement. I agree to receive communications from TMS on society news, events, and ☐ Vegan ☐ Allergy: Nut ☐ Allergy: Shellfish initiatives (European Union, Brazil, Canada, and China residents only). I permit TMS to share my e-mail address with its Superalloy 718 Other: exhibitor/sponsor partners. Name of emergency contact: Telephone of emergency contact: **REGISTRATION TOTAL PAYMENT** Payment should be made in U.S. dollars drawn on a U.S. bank. Conference Registration \$_____ ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Total Payment Card #: _____ Expiration Date: ____ CVV#: ____ Payment Method (check all that apply): Cardholder Name: _____ Check, Bank Draft, Money Order Signature: (Make checks payable to TMS.) I authorize TMS to charge my credit card in the amount of \$ ☐ Credit Card REFUND POLICY: Written requests must arrive at TMS no later than April 3, 2023. Need to speak to a TMS Customer Service representative? Contact us

NOTICE

By registering for this meeting, I accept the terms of the TMS Privacy Policy and agree to abide by TMS meeting and registration policies, including the Meetings Code of Conduct and the TMS Anti-Harassment Policy. Meeting and registration policies and the TMS Code of Conduct portal can be accessed through the meeting website.

at 1-800-759-4867 (US & Canada) or 1-724-776-9000 and select Option 1.