

WEB

www.tms.org/VVUQ2024
Web registration requires credit card payment.

FAX

1-724-776-3770
Fax registration requires credit card payment.

PHONE

1-724-776-9000
Phone registration requires credit card payment.

E-MAIL

mtgserv@tms.org
E-mail registration requires credit card payment.

MAIL

TMS: 5700 Corporate Drive Suite 750
Pittsburgh, PA 15237
Checks made payable to: TMS

DISCOUNT REGISTRATION DEADLINE: JULY 22, 2024 • Payment must accompany form.

First name: _____ Middle Initial: _____

Last name: _____

Affiliation/Employer: _____

Preferred First name: _____

Title: _____

This address is Business Home New Address/Correction

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____

Fax: _____

E-mail: _____

REGISTRATION FEES

Registration fee includes online lectures, interactive question-and-answer time, and course notes provided in PDF. Nonmember registrants are eligible for complimentary TMS membership through 2025.

	Discount ^a	Standard ^b
Member	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825
Nonmember	<input type="checkbox"/> \$845	<input type="checkbox"/> \$945 ^c
Student	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475

^a Discount rates through July 22, 2024

^b Standard rates after July 22, 2024

^c Professional nonmember registrants are eligible to receive complimentary TMS membership through December 31, 2025. Instructions for accessing membership will be provided following registration.

COMMUNICATION PREFERENCES

I agree to receive communications from TMS on society news, events, and initiatives (European Union, Brazil, Canada, and China residents only).

REGISTRATION TOTAL

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.

Credit Card: Visa MasterCard Discover American Express

Credit Card Billing Address: _____ Zip code: _____

Card #: _____ Expiration Date: _____

Cardholder Name: _____ CVV: _____

Signature: _____

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

NOTICES

CANCELLATION/REFUND POLICY: If a registrant must cancel, TMS must be notified via email to mtgserv@tms.org before July 22, 2024. Refunds will be issued minus a \$130 cancellation fee. No refunds will be processed after July 22, 2024.

TMS POLICIES: By registering for this meeting, attendees accept the terms of the TMS Privacy Policy and acknowledge that they may be photographed and/or recorded by TMS for promotional purposes while at events as described in the TMS Meeting Policies. Registrants and their guests also agree to abide by the TMS Anti-Harassment Policy, TMS Meetings Code of Conduct, and TMS Meeting Policies. For additional information on policies related to TMS events, visit www.tms.org/MeetingsPolicies.