

DEADLINE TO SUBMIT APPLICATION: FEBRUARY 4, 2019

SUBMIT COMPLETED APPLICATION TO:

Lynne Robinson, Head of Strategic
Communications & Outreach, TMS

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Mail: The Minerals, Metals & Materials Society
5700 Corporate Drive Suite 750
Pittsburgh, PA 15237 USA

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Full Name: (First) _____ (Last) _____

Email Address: _____

Company/Institution: _____ Title: _____

Full Address for reimbursement (upon approval)

Address 1: _____

Address 2: _____

City, State, Zip/Postal Code: _____

Country: _____

Sector of Employment: (Please select one)

- Consulting University/Education Industry Government/Nonprofit Retired
 Unemployed Other, please specify: _____

Type of family care assistance being requested: (Please select one)

- Childcare Eldercare Care of family member with disabilities Care of self due to disabilities
 Other, please specify: _____

Funds may be applied to one or more of the following needs. Please check *all* that apply:

- A. Home-based family care expenses incurred because of TMS Annual Meeting attendance.
(Funds may not be applied to a normal ongoing expense.)
- B. Travel of a care provider to my home to care for my family member(s) while I attend the TMS Annual Meeting. Please indicate where the provider is traveling to/from: _____
- C. Travel of my family member(s) to the location of a care provider who does not live in my community.
Please indicate where the family member(s) will be cared for (city/state/country): _____
- D. Travel of a care provider to the TMS Annual Meeting with me to care for my family member(s) in the host meeting city. Please indicate where the provider will be traveling from: _____
- E. Travel of a care provider to the TMS Annual Meeting to assist me (the attendee) during the meeting due to my disabilities.
- F. Family care services to be retained in the host meeting city, during meeting week.
- G. Other (please explain): _____

TMS does not discriminate on the basis of ethnicity or gender identity or expression. In order to track the effectiveness of our efforts to promote an inclusive environment, we ask you to please consider answering the following optional questions:

What is your gender?

- Female Male Prefer not to answer Prefer to self-describe (please specify) _____

If you are based in the United States, please describe your race/ethnicity.

- Asian/Pacific Islander African American Hispanic/Latino White/Caucasian Prefer not to answer
 Other (please specify) _____

CONFIRMATION OF MEETING REGISTRATION

If you are applying for childcare assistance, please fill in the following:

I am applying for assistance for ___ child(ren) and they are age(s): _____

In order to apply for a Family Care Grant, you must be a pre-registered attendee of the TMS 2019 Annual Meeting & Exhibition.

I (insert signature) _____ confirm that I am pre-registered for the TMS 2019 Annual Meeting & Exhibition.