



WEB	Register in advance online at www.tms.org/SFF2017 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
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REGISTRATION DEADLINE: August 3, 2017 - 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: _____

Indicate Any Dietary Restrictions: Gluten-Free Kosher

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 15. 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 Kosher

Vegetarian Other: _____

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

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 \$ _____