

FAX

1-724-776-3770

Fax registration requires

credit card payment.

www.tms.org/SFF2024

card payment.

Web registration requires credit

REGISTRATION FORM

mtgserv@tms.org

credit card payment.

E-mail registration requires

MAIL

August 11-14, 2024

Hilton Austin Hotel Austin, Texas, USA

E-MAIL

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

REGISTRATION DEADLINE: JULY 29, 2024 - Payment must accompany form.

Phone registration requires

1-724-776-9000

credit card payment.

PHONE

Preferred First name:M.I	REGISTRATION	
Last name:	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. One day registration includes tighted to a converse the propring on the day.	
Affiliation/Employer:	includes tickets to any social events happening on that o	udy.
Title:	Full-Conference Professional	□\$795
This address is Business Home New Address/Correction	Student [°]	\$565
Street Address:	Daily 🗌 Monday 🗌 Tuesday 🗌 Wednesday	\$300/day
City:State/Province:	^a Must be a full-time graduate or undergraduate student. A copy of student school ID card is required; must email a copy of school ID card to TMS Customer Service: mtgserv@tms.org .	
Zip/Postal Code:Country:		
Telephone	SOCIAL EVENTS	
Telephone:	I plan to attend the Sunday pre-conference event that is included in my registration fee. \Box Yes \Box No	
Check the information you DO NOT want included in the SFF 2024 proceedings	I plan to attend the Monday evening Awards Banquet that is included in my registration fee. \Box Yes \Box No	
attendee directory. (Unchecked boxes will appear in the directory.)		
Name Affiliation/Employer Address (city, state, country only) E-mail	I plan to attend the Tuesday lunch that is included in my registration fee.	
Registrant - Special Dietary Needs:	If you would like to purchase additional tickets to the social functions for	
🗌 Vegetarian 🗌 Vegan 🗌 Gluten Free 🗌 No Pork 🗌 Dairy Free	guests, please contact TMS Customer Service: mtgserv @	ums.org.
Allergy – Nut Allergy – Shellfish Allergy – other	REQUEST A VISA LETTER To request an official visa invitation letter for this con	
Other:	go to www.tms.org/SFF2024/Visa. Letters will be g as requested, so you can submit it along with other r	
Name of emergency contact:	documentation to the appropriate Consulate/Emba that this letter does not guarantee you will be grante need additional assistance please call at 1–724–776	ssy. Please note ed a visa. If you
Telephone of emergency contact:		

REGISTRATION TOTAL

PAYMENT: Payment should be made in U.S. dollars drawn on a U.S. bank.

Total Payment \$	Credit Card: 🗌 Visa 🗌 MasterCard 🗌 Discover 🗌 American Express	
Payment Method (check all that apply):	Credit Card Billing Address:	Zip code:
Check, Bank Draft, Money Order (Make checks payable to TMS.)	Card #:	Expiration Date:
	Cardholder Name:	CVV:
Credit Card	Signature:	
	I authorize TMS to charge my credit card in the amount of \$	_