THE 35TH ANNUAL INTERNATIONAL

REGISTRATION FORM

August 11-14, 2024 Hilton Austin Hotel Austin, Texas, USA

DECICEDATION

www.tms.org/SFF2024 Web registration requires credit card payment.

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

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

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

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

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

Preferred First name:	M.l	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	
Affiliation/Employer:		includes tickets to any social events happening on that	
, ,		Full-Conference Professional	□ \$795
Title:		Student ^a	☐ \$565
This address is Business Home New Address/Correction		Daily Monday Tuesday Wednesday	\$300/day
Street Address:		^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.	
City:State/Province:		SOCIAL EVENTS	
Zip/Postal Code:Country:		I plan to attend the Sunday pre-conference event that is included in my registration fee. \square Yes \square No	
Telephone:			
E-mail:		I plan to attend the Monday evening Awards Banquet that is included in my registration fee. Yes No	
Check the information you DO NOT want included in the SFF 2024 proceedings		My dinner selection for the Awards Banquet is: 12-Hour Short Ribs Blackened Canadian Salmon	
attendee directory. (Unchecked boxes will appear in the directory.)		☐ Vegetarian ☐ I am not attending the banquet	
□ Name □ Affiliation/Employer □ Address (city, state, country only) □ E-mail		I plan to attend the Tuesday lunch that is included in my registration fee. ☐ Yes ☐ No	
Registrant - Special Dietary Needs:		If you would like to purchase additional tickets to the social functions for guests, please contact TMS Customer Service: mtgserv@tms.org .	
☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ No Pork ☐ Dairy Free			
Allergy – Nut Allergy – Shellfish Allergy – other		REQUEST A VISA LETTER To request an official visa invitation letter for this conference, please go to www.tms.org/SFF2024/Visa. Letters will be generated as requested, so you can submit it along with other required	
Other:			
Name of emergency contact:		documentation to the appropriate Consulate/Embassy. Please not that this letter does not guarantee you will be granted a visa. If you need additional assistance please call at 1-724-776-9000, ext. 21:	ed a visa. If you
Telephone of emergency contact:		riced additional assistance piedse call at 1-724-770	,—3000, CAL. ZII .
REGISTRATION TOTAL	PAYMENT: Po	ayment should be made in U.S. dollars drawn on a U	.S. bank.
Total Payment \$	Credit Card: ☐ Visa ☐ Maste	erCard Discover American Express	
Payment Method (check all that apply):	Credit Card Billing Address: _	Ziŗ	o code:
☐ Check, Bank Draft, Money Order	Card #:	Expiration Date:	
(Make checks payable to TMS.)	Cardholder Name:	CVV:	
☐ Credit Card Signature:			
	I authorize TMS to charge my	credit card in the amount of \$	