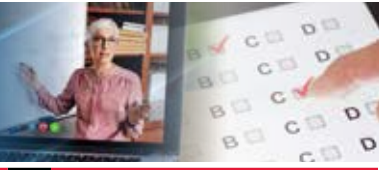


REGISTRATION FORM

Live online instruction at various times:
 July 22, 24, and 29–31, 2025



WEB www.tms.org/PEReview2025
 Web 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: JUNE 23, 2025 - PAYMENT MUST ACCOMPANY FORM.

CONTACT INFORMATION

Preferred First Name: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Job Title: _____ Employer/Affiliation: _____

Street Address: Business Home New Address Address Correction

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____ E-mail: _____

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

REGISTRATION

Registration fee includes online lectures, interactive question-and-answer time, electronic course notes, and a PDF copy of the TMS PE Review Course Study Guide^a. Registrants will have access to materials and recordings until October 31, 2025. Nonmember registrants also receive TMS membership through 2025.

	DISCOUNT ^b	STANDARD ^c
Member	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,150
Nonmember	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,350

^a Information on accessing and downloading the PE Review Course Study Guide will be shared after registration is processed

^b Discount rates on or before June 23, 2025 ^c Standard rates after June 23, 2025

By registering for this course, I acknowledge that refunds will not be issued for cancellations once course materials have been sent. *(Required)*

PAYMENT ENCLOSED – Make checks payable to TMS. Payment must be made in U.S. dollars drawn on a U.S. bank.

Check, Bank Draft, Money Order **Credit Card:** Visa MasterCard Discover American Express

Card #: _____

Expiration Date: _____ CVV#: _____

Cardholder Name: _____ Billing Zipcode: _____

Signature: _____

TOTAL PAYMENT
 I authorize TMS to charge my credit card for the following amount.

\$

NOTICES **Cancellation/Refund Policy:** By registering for this course, participants acknowledge that if a participant chooses to cancel their registration after the course materials have been sent, no refunds will be issued. Refunds may be provided if cancellation occurs prior to the materials being sent. **TMS Policies:** By registering for this event, I accept the terms of the TMS Privacy Policy and agree to abide by TMS event and registration policies, including the Meetings Code of Conduct and the TMS Anti-Harassment Policy. Event and registration policies and the TMS Code of Conduct portal can be accessed through the event website. For additional information on policies related to TMS events, visit www.tms.org/MeetingsPolicies.