

REGISTRATION FORM

Attendees may register online at www.diahome.org.



Please complete form in its entirety.

EVENT TITLE _____

DATE _____

REGISTRATION FEE \$ _____

TUTORIAL TITLE(S) _____

1. _____

2. _____

TUTORIAL(S) FEE \$ _____

☐ Please check here if you are registering as a student.

MEMBERSHIP:

US \$175 ☐

Please indicate your preference below. If you select membership below, please use the member registration rate above.

☐ I want to be a DIA member ☐ I do not want DIA membership at this time

Join DIA now to qualify for all the benefits of membership for one year!

TOTAL: \$ _____

GROUP DISCOUNTS* Register 3 individuals from the same company and receive complimentary registration for a 4th! **All 4 individuals must register and prepay at the same time – no exceptions.** DIA will apply the value of the lowest applicable fee to this complimentary registration; it does NOT include fees for optional events or DIA membership. You may substitute group participants of the same membership status at any time; however, administrative fees may be incurred. **Group registration is not available online and does not apply to the already discounted fees for government or charitable nonprofit/academia, or to FDA co-sponsored educational offerings.** To take advantage of this offer, please make a copy of this registration form for EACH of the four registrants from your company. Include the names of all four group registrants on each of the forms and return them together to DIA.

☐ Please indicate that this form is part of a group registration by checking this box and list below the names of the other three registrants from your company.

1. _____

2. _____

3. _____

CANCELLATION POLICY:

All cancellations must be received in writing at DIA's office two weeks prior to the event start date. If you do not cancel and do not attend, you are responsible for the full applicable fee. Cancelling any portion of your program registration will void any multiple purchase discounts that may have been applied. By completing this registration form you are agreeing to DIA's complete cancellation and transfer policy.

To read DIA's full cancellation policy, please visit the event homepage at www.diahome.org.

PAYMENT OPTIONS: Register online at www.diahome.org or by:

☐ **CREDIT CARD** Complete this form and fax to +1.215.442.6199 or mail to:
Drug Information Association, P.O. Box 95000-1240, Philadelphia, PA 19195-1240, USA. Non-U.S. credit card payment is subject to the currency conversion rate at the time of the charge.

☐ Visa ☐ MC ☐ AMEX Exp Date _____

Card # _____

Name (printed) _____

Signature _____

☐ **CHECK** drawn on a US bank payable to and mailed along with this form to:
Drug Information Association Inc., P.O. Box 95000-1240, Philadelphia, PA 19195-1240, USA. Please include a copy of this registration form to facilitate identification of attendee.

☐ **BANK TRANSFER** Complete the registration form and fax or mail to DIA. An email will be sent to the address provided with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your name, company, and Event I.D. # must be included on the transfer document to ensure payment to your account.

Last Name _____ First Name _____ M.I. _____

Degrees _____ ☐ Dr. ☐ Mr. ☐ Ms.

Position _____

Company _____

Mailing Address (as required for postal delivery to your location) _____

Mail Stop _____

City _____ State _____

Zip/Postal Code _____ Country _____

email Address (required for confirmation) _____

Telephone Number _____ Fax Number (required for confirmation) _____

PARTICIPANTS WITH DISABILITIES :

Reasonable accommodations will be made available to persons with disabilities who attend an educational activity. Contact the DIA office in writing at least 15 days prior to event to indicate your needs.

PHOTOGRAPHY POLICY:

By attending the DIA event you give permission for images of you, captured during the conference through video, photo, and/or digital camera, to be used by the DIA in promotional materials, publications, and website and waive any and all rights including, but not limited to compensation or ownership.

The DIA Customer Service Team will be pleased to answer questions regarding your registration.

HOW TO REGISTER:

Please call us toll free at 1.888.257.6457 or phone +1.215.442.6100

Monday through Friday between 8:00AM-8:30PM ET

Online www.diahome.org

Fax +1.215.442.6199

Email
CustomerService@diahome.org

Mail Drug Information Association
P.O. Box 95000-1240,
Philadelphia, PA 19195-1240