Medical Affairs and Scientific Communications 2016 Annual Forum
Virtual Conference
March 22-23, 2016
REGISTRATION FORM

Register online or fax this form to +1.215.442.6199

DIA DEVELOP INNOVATE ADVANCE

EVENT DATES:
MARCH 22 | 8:30-10:00 AM; 1:30-3:00 PM ET
MARCH 23 | 1:00-4:30 PM ET

REGISTRATION FEES:

- ❑ **STANDARD.....$299.00**
- ❑ **GROUP SITE.....$799.00**

Group Site is a license for one internet and audio log-in, allowing multiple viewers at one physical location. All other fees are for one log-in allowing one viewer.

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

❑ Yes, I want to be a DIA member (add $200 membership fee)

MEMBERSHIP FEE $_____

TOTAL: $_____

VIRTUAL MEETING CANCELLATION POLICY

No refunds will be provided in the event of a participant's cancellation since all costs for this virtual conference have been prepaid by DIA. DIA reserves the right to modify or cancel programs and/or substitute presenters or panelists. DIA is not responsible for failure to deliver programs due to circumstances beyond its control.

PAYMENT OPTIONS: Register online at **DIAglobal.org** or by:

❑ **CREDIT CARD** Complete this form and fax to +1.215.442.6199 or mail to: **DIA, 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 and company, as well as the Event I.D. #16022 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 **(required for confirmation)**

Telephone Number Fax Number

Need Help?

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

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