

REGISTRATION FORM

Register online or fax this form to +1.215.442.6199

**US Conference on Rare Diseases & Orphan Products****Event #13017 • Meeting: October 7-9, 2013**

Bethesda North Marriott Hotel & Conference Center, North Bethesda, MD, USA

Registration Fees If DIA cannot verify your membership, you will be charged the nonmember fee. Registration fee includes refreshment breaks, luncheons, and reception (if applicable).**Early-bird Opportunity**

Available on nondiscount industry fee only

On or before	After
September 16	September 16

Industry FeeUS \$1665 US \$1865 **Discount Fees**

Charitable Nonprofit/Academia (Full-time)	US \$800 <input type="checkbox"/>
Government (Full-time)	US \$500 <input type="checkbox"/>
Patient Organizations/Patients	US \$200 <input type="checkbox"/>

Join DIA now to save on future events and to receive all the benefits of membership!
www.diahome.org/Membership

MEMBERSHIP
US \$175

To qualify for the early-bird discount, registration form and accompanying payment must be received by the date above. Discount does not apply to government/academia/nonprofit members.

TO RECEIVE A TABLETOP EXHIBIT APPLICATION, PLEASE CHECK **Pre-Conference Tutorial**

Overview of the Regulatory Frameworks and Opportunities for Orphan Medicinal

Products (OMPs) - Sunday, October 6, 2013

US \$405

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.** 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. _____

Payment options: Register online at www.diahome.org or check payment method

CREDIT CARD number may be faxed to: +1.215.442.6199. You may prefer to pay by check or bank transfer since non-US credit card payment will be 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 When DIA completes your registration, an email will be sent to the address on the registration form 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. # must be included on the transfer document to ensure payment to your account.

HOTEL & TRAVEL Bethesda North Marriott Hotel & Conference Center

A limited number of rooms are available at the reduced rate shown below (DIA rate is guaranteed until September 16, 2013, or until room block is filled). Please note: in order to receive the reduced room rate, hotel reservations must be made with Travel Planners, and not directly with the hotel. Contact information for Travel Planners is as follows: +1.212.532.1660 or 1.800.221.3531 in the US. When calling please select option 1 for "Hotel Reservations," and inform the phone agent that you are making a reservation for Event #13017.

Room Rate **\$189****Hotel Address:** 5701 Marinelli Road, North Bethesda, MD, 20852

The most convenient airport is Washington Dulles International Airport (IAD) or Ronald Regan Washington National Airport (DCA) and attendees should make both airline and hotel reservations as early as possible.

CANCELLATION POLICY: On or before SEPTEMBER 23, 2013**Administrative fee that will be withheld from refund amount:****Member or Nonmember = \$200****Government or Academia or Nonprofit (Member or Nonmember) = \$100****Patient Organizations = \$50**

Cancellations must be in writing and be received by the cancellation date above. Registrants who do not cancel by that date and do not attend will be responsible for the full registration fee paid. Registrants are responsible for cancelling their own hotel and airline reservations. You may transfer your registration to a colleague at any time but membership is not transferable. Please notify DIA of any such substitutions as soon as possible. Substitute registrants will be responsible for nonmember fee, if applicable.

DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for any airfare, hotel or other costs incurred by registrants.

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 the event to indicate your needs.

TABLETOP EXHIBIT INFORMATION

Attendees may visit the tabletop exhibits during the event and reception(s).

Contact **Shannon Lewis**, Phone **+1.215.442.6149** Fax **+1.215.442.6199**, or email **Shannon.Lewis@diahome.org**

EVENT INFORMATION

For **registration questions**, please contact **Marilyn Ginsberg** by phone at **+1.215.442.6135** or by email at **Marilyn.Ginsberg@diahome.org**.

For **agenda details**, please contact **Carrie Dunn** by phone at **+1.215.442.6181** or by email at **Carrie.Dunn@diahome.org**.

For **event logistics**, please contact **Ellen Diegel** by phone at **+1.215.293.5810** or by email at **Ellen.Diegel@diahome.org**.

Please check the applicable category:

Academia Government Industry Patient Organizations/Patients Student (Call for registration information)

Last Name _____

First Name _____

M.I. _____

Degrees _____

 Dr. Mr. Ms.

Job Title _____

Company _____

Address (As required for postal delivery to your location) _____

Mail Stop _____

City _____

State _____

Zip/Postal _____

Country _____

email **Required for confirmation**