

WEBINAR REGISTRATION FORM

Register online or fax this form to +1.215.442.6199



If registering for a series, please list all parts.

EVENT TITLE(S) _____

REGISTRATION FEE \$ _____

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)

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TOTAL: \$ _____

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. # must be included on the transfer document to ensure payment to your account.

Last Name

First Name

M.I.

_____ Dr. Mr. Ms.

Degrees

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

Online DIAglobal.org

Fax +1.215.442.6199

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