REGISTRATION FORM: Register online or forward to DIA Japan, Nihonbashi Life Science Building 6F, 2-3-11 Nihonbashihoncho, Chuo-ku, Tokyo 103-0023 Japan tel +81-3-6214-0574 • fax +81-3-3278-1313

13th DIA Japan Annual Meeting 2016

Event #16303 • November 13-15 | Tokyo Big Sight | Ariake Address: 3-11-1 Ariake, Koto-ku, Tokyo 135-0063

DIA will send participants a confirmation mail within 10 business days after receipt of their registration.

Registration Fees If DIA cannot verify your membership, you will be charged the nonmember fee. Registration fee includes refreshment breaks and reception (if applicable), and will be accepted by mail, fax, or online.

Join DIA now to save on future meetings and to enjoy the benefits of membership for a full year: www.DIAglobal.org/Membership

- I DO want to be a DIA member
- □ I **DO NOT** want to be a DIA member

REGISTRATION FEE			8% TAX INCLUDED	
	Industry	Super Early-bird (until Sept 13)		¥88,560
		Early-bird (from Sept 14 to Oct 20)		¥93,960
		On and after Oct 21		¥104,760
MEMBER	Government, Non-profit	Early-bird (until Oct 20)		¥36,720
		On and after Oct 21		¥42,120
	Academia, Medicals	Early-bird (until Oct 20)		¥20,520
		On and after Oct 21		¥25,920
	Industry			¥123,660
NON- MEMBER	Government, Non Profit			¥61,020
	Academia, Medicals			¥38,880
STUDENT *	Entire Meeting			¥5,400
	Student Session only			¥2,160

MEMBERSHIP		8% TAX INCLUDED	
Membership		¥18,900□	
2-Year Membership		¥34,020□	
Academia Membership (Academia, Non-profit, Medicals)**		¥12,960□	

* Student registation must be made by October 31, 2016. Please send this form with a copy of your student ID to DIA Japan office by fax or e-mail.

**To register for Academia Membership, please send this form to DIA Japan office by fax or e-mail

Please check the applicable category:

Academia	Government	Industry	Student		
Last Name					
First Name				М	.l.
Department				Dr. Mr.	🗅 Ms
Job Title					
Company					
Address (As requi	red for postal delivery to	your location)			
City		State	Zip/Postal	Country	
email Required for	or confirmation				

TRAVEL AND HOTEL

To reserve your room at the Washington Hotel Tokyo Bay Ariake or the Sun Route Hotel Ariake being located close to the venue, please contact below:

	Washington Hotel Tokyo Bay Ariake		
	Address:	3-7-11 Ariake, Koto-ku, Tokyo 135-0063	
	Telephone:	+81-3-5564-0111	
	URL:	http://tokyobay.washington-hotels.jp/	
Hotel Sun Route Ariake			
	Address:	3-6-6 Ariake, Koto-ku, Tokyo 135-0063	
	Telephone:	+81-3-5530-3610	
	URL: http://w	ww.sunroute.jp/english/hotelinfo/tokyo_kanagawa/ariake/index.html	

CANCELLATION POLICY: On or before November 6, 2016 Administrative fee that will be withheld from refund amount: Member or Nonmember = ¥20,000 Government/Academia/Nonprofit (Member or Nonmember) = ¥10,000

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 does NOT allow registrants to pass name badges to others. DIA may ask attendees to show identifications, if necessary.

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.

Photography Policy

By attending the 13th DIA Japan Annual Meeting 2016, you give permission for images of you (captured during the conference through video, photo, and/or digital camera) to be used in DIA promotional materials, publications, and/or website and waive any and all rights including, but not limited to compensation or ownership.

PAYMENT OPTIONS

Register online at **www.DIAglobal.org** or check payment method.

BANK TRANSFER:

You will recieve an invoce with bank information detail by email after registration completion.

All local and overseas charges incurred for the bank transfer must be borne by payer.

CREDIT CARD (VISA OR MASTERCARD ONLY)

	U VISA	□ MC	Exp. (mm/yy)
Card No.			

Cardholder Name

Signature

