Application and Contract for Tabletop Display

Biosimilars 2016

October 27-28

Email Address

Renaissance Washington DC Dupont Circle Hotel | Washington, DC



| Company | Contact Inform | ation | Payment Options a | nd Informa | tion | | | | | | |
|--|--------------------------------|---------------------------------------|---|---------------------------------|---------------------|--|---|--|--|--|--|
| Exhibiting Company Name (for sign | nage and directory listing) | | Payment may be made by check, credit card, or ba | | | | | | | | |
| | | | not be assigned without proper payment and comprohibited from moving in at the Renaissance Wasl | | | | | | | | |
| Contact Name (all correspondence will be sent to the contact information provided below) | | | □ Credit Card payments by Visa, MasterCard, or American Express: □ VISA □ MC □ AMEX | | | | | | | | |
| Address Line 1 | | | Cardholder's Name: | | | | | | | | |
| | | | | | | | | | | | |
| Address Line 2 | | | Card Number: | | | | | | | | |
| | | | Exp. Date: Signature: | | | | | | | | |
| City, State, Postal Code, Country | | | _ | | | | | | | | |
| | | | ☐ Checks drawn on a US bank payable to and m Drug Information Association, Inc. | ailed along with a copy | y of this form to: | | | | | | |
| Telephone Number | | | P. O. Box 95000-1240 Philadelphia, PA 19195-1240, USA | | | | | | | | |
| releptione Number | | | | tration an omail will be | sont to the addre | | | | | | |
| Email Address (required for confirmation) Tabletop Rates and Information TABLETOP ONLY. Tabletop display cost includes one skirted table, one chair, and one electrical outlet. Exhibitors may not sublet or share any part of the space allocated to another company. Additional marketing opportunities are only available to exhibiting companies. Tabletop Rental* & Additional Marketing Fees TABLETOP RENTAL US \$1,500 Email Banner Ad Add US \$250 Exclusive opportunity: Exhibitor to provide email banner and URL to be included in two DIA eBlasts to all meeting participants: the eBlast sent out a few days prior to the meeting and the eBlast sent out within a week after the end of the meeting. Attendee eBlast Only 3 Opportunities Available: Exhibitor provided (DIA approved) content and graphics | | | An administrative fee will be withheld from refund as follows: Tabletop = \$750; Addition Marketing Opportunities = No Refund; Attendee Registration = \$200; Tutorial Registratic = \$200. Cancellation requests received after September 28, 2016 and do not attend will be responsible for the full fee paid. Registrants are responsible for canceling their own hotel an airline reservations. You may transfer your registration to a colleague at any time but membersh is not transferable. Please notify DIA of any such substitutions as soon as possible. Substitut registrants will be responsible for nonmember fee, if applicable. DIA reserves the right to all the venue, if necessary. If an event is cancelled, DIA is not responsible for any airfare, hotel of other costs incurred by registrants. | | | | | | | | |
| | | | | | | "Rental fees are for tabletop only register as an attendee for the confitabletop. Tabletop rental is required Only one 30" x 72" table, chair, and All display materials must be place of the table may be used. No addit the exception of floor banners (on vicinity of your tabletop if space acceiling or walls, but are acceptable | nded email sent to all meeting parding up to the meeting y and must be paid in advance erence. At least one person must d in order to purchase additional d electrical outlet will be provided and on surface of the table, poputional equipment may be placed e per table; maximum size of 30 llows. No signs, banners, flags, et allows. No signs, banners, flags, et | e. All tabletop staff must be registered to staff each marketing opportunities. d per tabletop display. up displays that sit on top in surrounding area, with " wide by 72" high) in the | Exhibitor agrees to indemnify and hold harmles officers, directors, employees and members from a claims arising out of injury or damage to Exhibitor brought on the premises of the exhibition site by Excaused by the Exhibitor to the exhibition site. Exhibarmless the Drug Information Association, its of from any and all liability to any person or persons said Exhibitor or any of its employees, agents, serva Application, expressly releases the foregoing name all liability for losses, claims, damages, and injury. | ny and all liability for lo 's displays, equipment khibitor and for losses, in bitor further agrees to ficers, directors, emplor for or by reason of an ants or employees. Exh | osses, damages, ar and other proper damages and clain indemnify and ho byees and membe y act or omission ibitor, by signing th |
| | | | | | | No security arrangements will be p | | consibility of the exhibitor. | A subhavira d airmatura | Data | |
| | | | | | | Advertisements and/or Announcements for non-DIA Sponsored Meetings/Workshops cannot be distributed or promoted at the workshop. | | | Authorized signature | Date | |
| | | | | | | Exhibitor events and meetings mu | | nnot be held during DIA | | | |
| meetings or events. | Attanding Ev | hibitar Inform | nation and Registration Fe | 05 | | | | | | | |
| □Dr. □Mr. □Ms. | Check here if all | | If DIA cannot verify your membership, you will be charged th | | ation fee includes | | | | | | |
| Last Name | First Name | M.I. | refreshment breaks, luncheons, and reception (if applicable), | | | | | | | | |
| | | | INDUSTRY RATES | BY OCT. 5 | AFTER OCT. 5 | | | | | | |
| L Job Title | | | MEMBER INDUSTRY | US \$1500 🗆 | US \$1650 🗆 | | | | | | |
| | | | NONMEMBER** INDUSTRY | US \$1750 🗆 | US \$1900 🗆 | | | | | | |
| Affiliation (Company) | | | DISCOUNT RATES* | BY OCT. 5 | AFTER OCT. 5 | | | | | | |
| | | | MEMBER GOVERNMENT (Full-time) | US \$675 \square | US \$825 🗆 | | | | | | |
| Address (Please write your address in the format required for delivery to your country.) | | | NONMEMBER** GOVERNMENT (Full-time) | US \$925 🗆 | US \$1075 🗆 | | | | | | |
| 200 (1 10000 1111to your dual 033 III | Simulating and for delivery to | , , , , , , , , , , , , , , , , , , , | MEMBER NONPROFIT/ACADEMIA (Full-time) | US \$675 🗆 | US \$825 □ | | | | | | |
| | | | | 110 ACCE | UC #107F - | | | | | | |
| City Chata Dashal Code Code | | | NONMEMBER** NONPROFIT/ACADEMIA (Full-time) | US \$925 🗆 | US \$1075 🗆 | | | | | | |
| City , State, Postal Code, Country | | | NONMEMBER** NONPROFIT/ACADEMIA (Full-time) *Discount rates are subject to eligibility requirements. Identific site. Failure to provide proof of eligibility/ID upon request will i | ration and proof of eligibility | will be required on | | | | | | |

rates noted above, **you will automatically become a DIA member**. If you do not want a membership, please

☐ I **DO NOT** want DIA membership