



Patient Advocate Registration Form

All registrations received at the DIA office in Horsham, PA, USA **by 5:00PM ET on May 8, 2017** will be included in the Advance Registration Attendee List.

RETURN WITH A COPY OF 501 (c)3 LETTER

PATIENT ADVOCATE FEE

DIA 2017 ANNUAL MEETING

By May 24, 2017 **\$250** ☐ After May 24, 2017 **\$400** ☐

Last Name First Name M.I. ☐ Mr. ☐ Mrs. ☐ Ms.

Organization

Mailing Address

City State Zip/Postal Code Country

Email (required for confirmation) Twitter Handle

Phone Website

Mission Statement

PAYMENT OPTIONS: Completed registration form **MUST BE** accompanied by payment.

CREDIT CARD

☐ Visa ☐ MC ☐ AMEX Exp Date _____ Card # _____
Name (printed) _____ Signature _____

Non-U.S. credit card payment is subject to the currency conversion rate at the time of the charge.

CANCELLATION POLICY

If you do not cancel by May 18, 2017 and do not attend, you are responsible for the full applicable fee. **Registrants are responsible for cancelling their airline and hotel reservations.** Patient registrations are not transferable. **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.** Speakers and program agenda are subject to change.

REFUND POLICY: Cancellations received in writing by CustomerService@DIAglobal.org **ON or BEFORE MAY 18, 2017** will be processed as follows:

Registration fee paid minus \$100 = Refund Amount

Exhibit Hall Access:

Your meeting registration includes access to the Exhibit Hall on Monday—Wednesday when the Hall is open. DIA does not allow access to the Exhibit Hall to anyone under the age of 18.

Participants with Disabilities:

DIA event facilities and overnight accommodations are accessible to persons with disabilities. Services will be made available to sensory-impaired persons attending the event if requested at least 15 days prior to event. Email AnnualMeetingProgram@DIAglobal.org to indicate your needs.

Photography Policy:

By attending DIA 2017 you give permission for images of you, captured during the conference through video, photo, and/or digital camera, to be used by DIA in promotional materials, publications, and website and waive any and all rights including, but not limited to compensation or ownership.

RETURN COMPLETED FORM WITH COPY OF 501(c)3 LETTER:

Annual Meeting Patient Advocate Registration, DIA, 800 Enterprise Road, Horsham, PA 19044-3935 USA

Email: AnnualMeetingProgram@DIAglobal.org | Phone: +1.215.442.6100 | Fax: +1.215.293.5980

INTERNAL USE ONLY

Approved by: _____ Date: _____