DIA

Venture Summit

June 20 | Hyatt Regency McCormick Place | Chicago, IL



The **DIA Venture Summit** is the premier industry gathering connecting venture capitalists, business development professionals, corporate VCs, angel investors, technology transfer professionals, senior executives of early-stage and emerging growth companies, university researchers, incubators, and premier service providers.

Whether you are an investor seeking access to new early-stage deals, or a Founder or CEO of a new venture looking for funding, visibility, and growth, the **DIA Venture Summit** is one event you won't want to miss.

Highlights

- Access to new, innovative opportunities
- Company presentations curated to provide the best candidates
- An expert panel to provide feedback on these candidates
- · Recommended strategies on financing and commercializing new products
- Distinguished opportunities for efficient business development decisions

The **DIA Venture Summit** coincides with DIA's largest interdisciplinary event, *DIA 2017*, to showcase entrepreneurial organizations and innovation in the field to advance health care product development globally. *DIA 2017* is the premier global meeting to drive health care product development insights to action, bringing together a network of more than 7,000 global health care product development professionals to foster innovation that leads to the development of safe and effective products, technologies, services, and therapies to patients. In its 53rd year, the five-day global annual meeting will draw attendees from 51 countries and more than 450 exhibitors for the three-day expo.

Building on the success on last year's inaugural event, DIA is dedicating a full day to the **DIA Venture Summit** at *DIA 2017* on Tuesday, June 20, where key leaders in the clinical and product development space will have the unique opportunity to showcase health care product development products, services, and technologies in development, as well as products already on the market.

Agenda

Company Showcase (22 Companies):

- 10 minute presentations
- 5 minute feedback session from panelists
- Networking reception immediately following

8;00AM 8:05-9:00AM 9:00AM 9:15AM	Welcome by DIA Panel Disucssion Presentation 1 Presentation 2	1:45PM 2:00PM 2:15PM 2:30PM	Presentation 13 Presentation 14 Presentation 15 Presentation 16
9:30AM 9:45AM	Presentation 3 Presentation 4	2:45-3:00PM 3:00PM	BREAK Presentation 17
10:00AM	Presentation 5	3:15PM	Presentation 18
10:15-10:45AM	BREAK	3:30PM	Presentation 19
10:45AM	Presentation 6	3:45PM	Presentation 20
11:00AM	Presentation 7	4:00PM	Presentation 21
11:15AM	Presentation 8	4:15-4:30PM	BREAK
11:30AM	Presentation 9	4:30PM	Presentation 22
11:45AM	Presentation 10	4:45PM	Presentation 23
12:00PM	Presentation 11	5:00PM	Presentation 24
12:15-1:30PM	LUNCH	5:15PM	Presentation 25
1:30PM	Presentation 12	5:30-6:30PM	NETWORKING RECEPTION

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Company Name

Address Line 1

Venture Summit

Company Contact Information

 $Logistic \underline{s} \ \ Contact \ \textit{(All correspondence will be sent to the contact information provided below.)}$

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Return completed Application along with the Contract and Payment Information form to: Heej.Ko@DIAglobal.org.

DIA Venture Summit Presentation Fee \$1,900 Additional Attendee Fee \$950

Addı	ddress Line 2					
City,	y, State, Postal Code, Country					
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	Venture Su	mmit Presenta	tion Options			
	☐ Venture Sumr	nit Presentation	\$1,900			
	☐ Additional At	tendee	\$950			
	DDEFEDED TIME	SLOT (RANK TOP 3)				
	9:00AM	9:15AM	9:30AM			
	9:45AM	10:00AM	10:45AM			
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	3:30PM	3:45PM	4:00PM			
	4:30PM	4:45PM	5:00PM			
	5:15PM					

Venture Summit Attendee Registration Included with Presentation Fee			
□ Dr. Last Name First Name M.I. □ Mr. □ Ms. □ Job Title			
Affiliation (Company)			
Address (Please write your address in the format required for delivery to your country.)			
City, State, Postal Code, Country			
Telephone Number			
Email Address (required for confirmation)			

	Additional Venture Summit Attendee Registration \$950			
	□ Dr. Last Name First Name M.I.			
	□ Mr.			
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ı	City State Postel Code Code			
ı	City, State, Postal Code, Country			
	Telephone Number			
١	Email Address (required for confirmation)			

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Company Name	Amount Due			
	TOTAL US \$			
Payment Options a	and Information			
Payment may be made by check, credit card, or bank transfer. Please note that presentations will not be assigned without proper payment and companies with an outstanding balance will be prohibited from participating in the Venture Summit at the Hyatt Regency McCormick Place. □ Credit Card payments by VISA, MC, or AMEX: □ VISA □ MC □ AMEX Cardholder's Name:	 □ Checks drawn on a US bank payable to and mailed along with a copy of this form to: Drug Information Association, Inc. P. O. Box 95000-1240 Philadelphia, PA 19195-1240, USA □ Bank Transfer When DIA completes your registration, an email will be sent to the address on the application form with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. 			
Card Number: Exp. Date: Signature:	Your company name, as well as the Meeting ID 17001 must be included on the transfer document to ensure payment to your account. Payments must be net of all charges and bank fees must be borne by the payer.			
Cancellation Policy Cancellations MUST be in writing and received at the office on or before May 19, 2017. An administrative fee will be withheld from refund as follows: Venture Summit Presentation = 50% of participation fee Additional Attendee = \$200 of registration fee Cancellation requests received after May 19, 2017, will be responsible for the full fee. Registrants are responsible for canceling their own hotel and airline reservations. You may transfer your full meeting participant registration to a colleague at any time but membership is not transferable. Please notify DIA of any such substitutions as soon as possible. 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.				
Contract 9	Signature			
Participant further agrees to indemnify and hold harmless the Drug Information Association, its officers, directors, employees, and members from any and all liability to any person or persons for or by reason of any act or omission of said Participant or any of its employees, agents, or Servants. Participant, by signing the Application, expressly releases the foregoing named association and individuals from any and all liability for losses, claims, damages, and injury.				
Authorized signature Date				
Return completed <i>Application</i> along with the Contract and Payment In	oformation form to: Heei Ko@DIAglobal org			