

# Additional EBP Registration Form

## 6<sup>th</sup> DIA Cardiac Safety Workshop in Japan

October 27-28

KFC Hall | Ryogoku, Tokyo, Japan



Each booth space purchased is entitled to purchase up to 3 additional Exhibit Booth Personnel registrations once their complimentary registrations have been used. **Exhibit Booth Personnel registrations grant access to the Exhibition Hall ONLY.**

|  |                                   |            |         |
|--|-----------------------------------|------------|---------|
| <input type="checkbox"/> Dr. Last Name                     | First Name                        | M.I.       |         |
| <input type="checkbox"/> Mr.                               |                                   |            |         |
| <input type="checkbox"/> Ms.                               |                                   |            |         |
| Job Title  | Company                           |            |         |
|  |                                   |            |         |
| Address (as required for postal delivery to your location) |                                   |            |         |
|  |                                   |            |         |
| City   | State                             | Zip/Postal | Country |
|  |                                   |            |         |
| Phone Number   | Email (required for confirmation) |            |         |
|  |                                   |            |         |

|  |                                   |            |         |
|--|-----------------------------------|------------|---------|
| <input type="checkbox"/> Dr. Last Name                     | First Name                        | M.I.       |         |
| <input type="checkbox"/> Mr.                               |                                   |            |         |
| <input type="checkbox"/> Ms.                               |                                   |            |         |
| Job Title  | Company                           |            |         |
|  |                                   |            |         |
| Address (as required for postal delivery to your location) |                                   |            |         |
|  |                                   |            |         |
| City   | State                             | Zip/Postal | Country |
|  |                                   |            |         |
| Phone Number   | Email (required for confirmation) |            |         |
|  |                                   |            |         |

|  |                                   |            |         |
|--|-----------------------------------|------------|---------|
| <input type="checkbox"/> Dr. Last Name                     | First Name                        | M.I.       |         |
| <input type="checkbox"/> Mr.                               |                                   |            |         |
| <input type="checkbox"/> Ms.                               |                                   |            |         |
| Job Title  | Company                           |            |         |
|  |                                   |            |         |
| Address (as required for postal delivery to your location) |                                   |            |         |
|  |                                   |            |         |
| City   | State                             | Zip/Postal | Country |
|  |                                   |            |         |
| Phone Number   | Email (required for confirmation) |            |         |
|  |                                   |            |         |

### Payment Methods - ¥12,000 plus tax per additional Exhibit Booth Personnel

ONLINE Ordering is NOT available for Additional Exhibit Booth Personnel Registrations.

Cost per additional Exhibit Booth Personnel registration is ¥12,000 (plus 8% Consumption Tax). Please select the appropriate total fee below.

- ¥12,960—One (1) Additional EBP Registration     ¥25,920—Two (2) Additional EBP Registrations     ¥38,880—Three (3) Additional EBP Registrations

Please check payment method.

Credit Card payments by Visa or MasterCard only.

|        |           |           |
|--------|-----------|-----------|
| Card # | Exp. Date | Signature |
|        |           |           |

Bank Transfers should be made to:

Account Name: DIA Japan  
Ordinary Account Number: 1273382  
SWIFT Code: MHCBJPJT  
MIZUHO BANK LTD., Kamiyacho branch  
Toranomom 45 MT Bldg, 5-1-5 Toranomom Minato-ku, Tokyo 105-0001 Japan

Company name, as well as the Meeting ID 16305 must be included on the transfer document to ensure payment to your account. All local and overseas charges incurred for the bank transfer must be borne by payer.

**EBP CANCELLATION POLICY: No refund will be issued for cancellation of Additional Exhibit Booth Personnel Registrations.**

Cancellations must be in writing. Registrants are responsible for cancelling their own hotel and airline reservations. You may transfer your registration to a colleague at any time. 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.

Email completed form to [Tomoko.Nakamura@DIAGlobal.org](mailto:Tomoko.Nakamura@DIAGlobal.org) or fax to +81 3.3278.1313