Application and Contract for Exhibit Space

20th DIA Annual Workshop in Japan for Clinical Data Management

February 6-7, 2017 Tower Hall Funabori | Tokyo, Japan

Exhibiting Company Namo (for signage and discordany listing)



Company Contact Information

Exhibiting Company Name (for signage and directory listing)
Contact Name (all correspondence will be sent to the contact information provided below)
Address Line 1
Address Line 2
City, State/Province, Postal Code, Country
Telephone Number
Email Address (required for confirmation)
Exhibit Space Rates and Information
Each 2,300 \times 1,400 mm space includes one (1) complimentary full-meeting registration and two (2) exhibit booth personnel registrations. Additional exhibit booth personnel may be purchased for ¥12,600 each (including 8% Consumption Tax). Limit of three (3) additional exhibit booth personnel per booth space. Any additional staff would be required to register as conference attendees.
Booth rental fees also include one (1) 1,800 \times 450 mm table, two (2) chairs, one (1) 5A (ampere) electrical outlet, and internet access. Additional expenses associated with the exhibit, including special booths, drayage, lights, phone, carpeting, additional electical capacity, etc., will be the responsibility of the exhibitor.
Tabletop Rental Fees:
☐ 1 tabletop space (¥220,000 + 8% Consumption Tax) = ¥237,600
\square 2 tabletop spaces (¥440,000 + 8% Consumption Tax) = ¥475,200
Services/Products to be exhibited:

Cancellation and Downsizing Policy

Cancellations/Downsizing requests MUST be in writing and may be emailed to Tomoko.Nakamura@DIAglobal.org.

Cancellations/Downsizing requests received on or before: December 6, 2016 will receive a 75% refund. Cancellations/Downsizing requests received on or before: January 6, 2017 will receive a 50% refund. Cancellations/Downsizing requests received after: January 6, 2017 will receive NO refund.

Booth rental fees are non-transferable.

Exhibition Contact:

Tomoko Nakamura Phone: +81 3 6214 0574 Fax: +81 3 3278 1313 email: Tomoko.Nakamura@DIAglobal.org

DIAglobal.org

DIA Japan

Nihonbashi Life Science Building 6F. 2-3-11 Nihonbashihoncho, Chuo-ku Tokyo 103-0023 Japan

Billing Information

☐ Check here if billing address is the same as the contact's address	
Billing Company Name (for invoice)	
Contact Name	
Address Line 1	
Address Line 2	
City, State/Province, Postal Code, Country	
Email Address (where invoice should be sent)	

Payment Options and Information

Payment may be made by credit card or bank transfer. Please note that exhibit space will not be assigned without payment in full. Companies with an outstanding balance will be prohibited from moving in at the Tower Hall Funabori.

☐ Credit Card payments by Visa or MasterCard ONLY:			
□ VISA □ MC			
Cardholder's Name:			
Card Number:			
Exp. Date:	Signature:		

☐ Bank Transfers should be made to:

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

Company name, as well as the Meeting ID 17301 must be included on the transfer document to ensure payment to your account. Payment does not denote approval of your application to exhibit. If application is denied a full refund will be processed. All local and overseas charges incurred for the bank transfer must be borne by payer.

Contract Signature

The undersigned hereby authorizes DIA to reserve exhibit space in the Tower Hall Funabori for use by the above company or organization during the 20th DIA Annual Workshop in Japan for Clinical Data Management. DIA reserves the right in its sole and absolute discretion to reject any application that in its judgment does not enhance the purpose of the 20th DIA Annual Workshop in Japan for Clinical Data Management and its associated Exposition or is in direct competition with DIA. This contract shall be deemed accepted by DIA when received, together with the required payment. However, no contract shall be deemed accepted if the contracting exhibitor has outstanding financial obligations to DIA, of which DIA is aware, for booth space, advertising, or any service(s) provided by DIA.

Authorized signature	Date