

# TRAINING REGISTRATION FORM

Register online or fax this form to +1.215.442.6199

**DIA** DEVELOP  
INNOVATE  
ADVANCE

## EVENT TITLE

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**REGISTRATION FEE \$** \_\_\_\_\_

## DIA MEMBERSHIP

All nonmember fees include a one year membership option. If you registered at one of the nonmember rates, **you will automatically become a DIA member**. If you do not want a membership, please indicate your preference below.

I **DO NOT** want DIA membership

**GROUP DISCOUNTS\*** Register 3 individuals from the same company and receive complimentary registration for a 4th! All 4 individuals must register and prepay at the same time - no exceptions. DIA will apply the value of the lowest applicable fee to this complimentary registration; it does NOT include fees for optional events or DIA membership. You may substitute group participants of the same membership status at any time; however, administrative fees may be incurred. Group registration is not available online and does not apply to the already-discounted fees for government or charitable nonprofit/academia. To take advantage of this offer, please make a copy of this registration form for EACH of the four registrants from your company. Include the names of all four group registrants on each of the forms and return them together to DIA.

**Please indicate that this form is part of a group registration by checking this box and list below the names of the other three registrants from your company.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## PAYMENT OPTIONS

 Register online at [DIAglobal.org](http://DIAglobal.org) or by:

**CREDIT CARD** Complete this form and fax to +1.215.442.6199 or email to [CustomerService@DIAglobal.org](mailto:CustomerService@DIAglobal.org). Non-U.S. credit card payment is subject to the currency conversion rate at the time of the charge.

Visa  MC  AMEX Exp Date \_\_\_\_\_

Card # \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

**CHECK** Drawn on a US bank payable to and mailed along with this form to: **Drug Information Association Inc., P.O. Box 95000-1240, Philadelphia, PA 19195-1240, USA**. Please include a copy of this registration form to facilitate identification of attendee.

**BANK TRANSFER\*** Upon completion of your registration, DIA will send an email to the address on the form with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your name, company, and Event #XXXXX 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.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Degrees \_\_\_\_\_  Dr.  Mr.  Ms.

Position \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address *(as required for postal delivery to your location)* \_\_\_\_\_

Mail Stop \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email **(required for confirmation)** \_\_\_\_\_

**CANCELLATION POLICY:** Cancel in writing at least four weeks before the start of the event. Administrative fee that will be withheld from refund amount:  
Member or Nonmember = \$200  
Government or Academia or Nonprofit (Member or Nonmember) = \$200  
Short Course (if applicable) = \$200

Cancellations must be in writing and received at least four weeks before the start of the event. Registrants who do not cancel by that date and do not attend will be responsible for the full registration fee paid. Registrants are responsible for cancelling their own hotel and airline reservations. You may transfer your registration to a colleague at any time but membership is not transferable. Please notify DIA of any such substitutions as soon as possible. Substitute registrants will be responsible for nonmember fee, if applicable.

**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.**

**Participants with Disabilities:** Reasonable accommodations will be made available to persons with disabilities who attend an educational activity. Contact the DIA office in writing at least 15 days prior to the event to indicate your needs.

**Photography Policy:** By attending a DIA event 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.

The DIA Customer Service Team will be pleased to answer questions regarding your registration.

**Need Help?**

Please call us toll free at 1.888.257.6457 or phone +1.215.442.6100

Monday through Friday between 8:00AM-8:30PM ET

**Online** [DIAglobal.org](http://DIAglobal.org)

**Fax** +1.215.442.6199

**Email**  
[CustomerService@DIAglobal.org](mailto:CustomerService@DIAglobal.org)

**Mail**  
DIA  
P.O. Box 95000-1240  
Philadelphia, PA 19195-1240, USA