



Metrics in Patient-Centered Drug Development Conference

October 18-19

Patient Advocate Registration Form



RETURN WITH A COPY OF 501 (c)3 LETTER

PATIENT ADVOCATE FEE

METRICS IN PATIENT-CENTERED DRUG DEVELOPMENT CONFERENCE

By September 13, 2017 **\$250**

After September 13, 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-US credit card payment is subject to the currency conversion rate at the time of the charge.

CANCELLATION POLICY

If you do not cancel by September 13, 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 SEPTEMBER 13, 2017** will be processed as follows:
Registration fee paid minus \$100 = Refund Amount

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 Jessica.Roman@DIAglobal.org to indicate your needs.

Photography Policy:

By attending the Metrics in Patient-Centered Drug Development Conference 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:

17027 Patient Advocate Registration, DIA, 800 Enterprise Road, Horsham, PA 19044-3935 USA

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

INTERNAL USE ONLY

Approved by: _____ Date: _____