

# ATTENDEE REGISTRATION FORM

Register online or fax this form to +1.215.442.6199



## LATIN AMERICA MEDICAL INFORMATION AND COMMUNICATION WORKSHOP

Event #17026 | Meeting: November 28, 2017  
SINDUSFARMA | São Paulo, Brazil

### REGISTRATION FEES

Registration fee includes refreshment breaks, luncheons, and reception (if applicable).

#### NONMEMBER FEE

US \$400

#### MEMBER FEES

DIA Member\* US \$350   
SINDUSFARMA Member\* US \$350

\*Discount fees are subject to eligibility requirements. Membership will be verified at registration, and those without membership will be required to pay the higher standard registration fee.

#### DIA MEMBERSHIP:

Join DIA now to qualify for all the benefits of membership for one year!

Yes, I want to be a DIA member (add \$200 membership fee)

MEMBERSHIP FEE \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

#### EVENT INFORMATION

For registration questions, call toll free 1.888.257.6457, telephone +1.215.442.6100 or email CustomerService@DIAglobal.org Monday through Friday 8:30 AM to 8:00 PM ET

For agenda and event logistic details, please contact Meredith Kaganovskiy at Meredith.Kaganovskiy@DIAglobal.org.

**HOTEL & TRAVEL** Please visit the hotel page on [www.diaglobal.org/brazil17](http://www.diaglobal.org/brazil17) for hotel recommendations and information.

Workshop Venue:  
SINDUSFARMA  
Rua Alvorada, 1280 - Vila Olímpia  
CEP 04550-044, São Paulo, Brazil

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.

### PAYMENT OPTIONS Register by:

**CREDIT CARD** Complete this form and fax to +1.215.442.6199 or email to 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 #17026 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.

### PLEASE CHECK THE APPLICABLE CATEGORY:

Academia  Government  Industry  Student (Call for registration information)

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:

On or before OCTOBER 30, 2017

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 be received by the cancellation date above. 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.

**Photography Policy:** By attending a DIA event you give permission for images of you, captured during the event 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.