Development of a Clinical Study Report

October 29-31 (#12461)

REGISTRATION FEES:

MEMBER FEE US $695 ❑
If DIA cannot verify your membership, you will be charged the nonmember fee.

NONMEMBER FEE US $785 ❑

MEMBERSHIP*
US $175 ❑

DISCOUNT FEES
Member Charitable Nonprofit/Academia/Government (Full-time) US $350 ❑
Nonmember Charitable Nonprofit/Academia/Government (Full-time) US $435 ❑

*NONMEMBERS:
JOIN DIA & SAVE.
Check MEMBERSHIP above.

GROUP SITE FEE US $1750 ❑

Receive a 15% discount when you register more than one group site at the same time. Valid only when group sites are purchased online for this training course.

ONLINE COURSE CANCELLATION POLICY

No refunds will be provided in the event of a participant's cancellation since all costs for this online training course have been prepaid by DIA. DIA reserves the right to modify or cancel programs and/or substitute presenters or panelists. DIA is not responsible for failure to deliver programs due to circumstances beyond its control.

For registration questions, please contact Vicki Adkinson at +1.215.442.6162 or Vicki.Adkinson@diahome.org

PAYMENT METHODS

Register online at www.diahome.org or check the preferred payment method.

❑ **CHECK** drawn on a US bank payable to: **Drug Information Association**, mailed along with this form to: **DIA, 800 Enterprise Road, Suite 200, Horsham, PA 19044-3595**.
Please include a copy of this registration form with payment.

❑ **BANK TRANSFER** When DIA completes your registration, an email will be sent to the address on the registration form with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your name and company, as well as the Meeting I.D. # must be included on the transfer document to ensure payment to your account.

❑ **CREDIT CARD** number may be faxed to: **+1.215.442.6199** You may prefer to pay by check or bank transfer since non-US credit card payment will be subject to the currency conversion rate at the time of the charge.

❑ VISA ❑ MC ❑ AMEX Exp Date _____

Card# _____

Cardholder Name _____

REGISTRANT'S CONTACT INFORMATION

Please check the applicable category: ❑ Academia ❑ Government ❑ Industry ❑ CSO ❑ Student *(Full-time, verification required)*

Registrant's Name _____

Last Name First Name M.I.

Degrees _____ ❑ Dr. ❑ Mr. ❑ Ms.

Job Title _____

Company _____

Address _____

(Please write your address in the format required for delivery to your country.)

City _____ State _____

Zip _____ Country Code _____

Email _____

(An email address is required for confirmation.)

Telephone _____ Fax _____