Training Course Registration Form

REGISTRATION FEES: Registration fee includes continental breakfast(s), luncheon(s), reception (if applicable), and all course materials. If DIA cannot verify your membership, you will be charged the nonmember fee.

MEMBER EARLY-BIRD OPPORTUNITY
Available on **nondiscount** member fee only.

3 weeks prior to the course	less than 3 weeks prior to the course
US $2,920 ❑	US $3,120 ❑

Early-bird does not apply to government/academia/nonprofit members. Join DIA now to qualify for the early-bird member fee and to enjoy all the benefits of membership for a full year! **www.diahome.org/Membership**

NONMEMBER FEE US $3,345 ❑

MEMBERSHIP US $175 ❑

DISCOUNT FEES
MemberCharitable Nonprofit/Academia/Government (Full-time) US $1715 ❑
Nonmember Charitable Nonprofit/Academia Government (Full-time) US $1940 ❑

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

NUMBER OF COURSES _____ X **FEE** _____ **= TOTAL FEE**_____

TRAINING COURSES

please check desired course(s)

Regulatory Affairs Part 1 : The IND Phase & Part 2: The NDA Phase
❑ March 11-14, 2012 | Irvine, CA | (#12426)

❑ August 13-16, 2012 | Boston, MA | (#12427)

❑ November 12-15, 2012 | Philadelphia, PA | (#12428)

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 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 _____

You may register online at **www.diahome.org**, or you may return this completed form by mail to DIA at the address under check payment method, or by fax to **+1.215.442.6199**. Walk-in registration will **NOT** be accepted. If you have not received confirmation within five business days, please telephone DIA at +1.215.442.6100 or email **confirmationservices@diahome.org**. Services will be made available to sensory-impaired persons attending the event if requested at least 15 days prior to event. Contact the DIA office to indicate your needs.

COURSE CANCELLATION AND TRANSFER POLICIES

Cancellations: *Cancellations must be received two weeks prior to the first day of the course. A $200 administrative charge will be deducted from the original registration fee. Cancellations must be in writing and received in the DIA office according to the timeline above. There will be no refund if cancellation is received within two weeks from the first day of the course. Registrants are responsible for cancelling their own hotel and travel reservations. Registrants who do not cancel prior to the course and do not attend will be responsible for the full registration fee. DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for airfare, hotel or other costs incurred by registrants.*

Transfers: *You may transfer your registration to a colleague at any time but membership is not transferable. Please notify the DIA North American office of such transfers in writing as soon as possible. Substitute registrants will be responsible for the nonmember fee, if applicable.*

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 _____

_____
City *(Please write your address in the format required for delivery to your country.)* State Zip Country Code

*Email _____
** (An email address is required for confirmation.)*

Telephone_____ Fax _____