



PATIENT ADVOCATE REGISTRATION FORM

DIA 2016

JUNE 26-30
PHILADELPHIA, PA

A GATHERING OF GLOBAL PROPORTIONS

All registrations received at the DIA office in Horsham, PA, USA **by 5:00 PM ET on May 20, 2016** will be included in the Advance Registration Attendee List.

RETURN WITH A COPY OF 501 (c)3 LETTER.

PATIENT ADVOCATE FEE

ANNUAL MEETING

By June 17th US \$250 After June 17th US \$400

Last Name _____ First Name _____ M.I. _____ Mr. Mrs. Ms.

Organization _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Email (required for confirmation) _____

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-U.S. credit card payment is subject to the currency conversion rate at the time of the charge.

CANCELLATION POLICY

If you do not cancel by May 30, 2016 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.

Refunds for cancellations received in writing on or before May 30 will be \$100.

Exhibit Hall Access:

Your meeting registration includes access to the Exhibit Hall on Monday thru Wednesday when the Hall is open. DIA does not allow access to the Exhibit Hall to anyone under the age of 18.

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 AnnualMeetingProgram@DIAglobal.org to indicate your needs.

Photography Policy:

By attending the DIA 2016 Annual Meeting you give permission for images of you, captured during the conference through video, photo, and/or digital camera, to be used by the 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:

Annual Meeting Patient Advocate Registration, DIA, 800 Enterprise Road, Horsham, PA 19044-3935 USA
Email: AnnualMeetingProgram@DIAglobal.org • Phone: +1.215.442.6100 • Fax: +1.215.293.5980

INTERNAL USE ONLY

Approved by: _____ Date: _____