Application and Contract for Exhibit Space

22<sup>nd</sup> DIA Japan Annual Workshop for

# Clinical Data Management

February 19-20, 2019 Hulic Hall | Asakusabashi, Tokyo, Japan





### **Company Contact Information**

Exhibiting Company Name (for signage and directory listing)			
Contact Name (all correspondence will be sent to the contact information provided below)			
Address Line 1			
Address Line 2			
City, State/Province, Postal Code, Country			
Telephone Number			
Email Address (required for confirmation)			
<b>Exhibit Space Rates and Information</b>			
Each 2,200 x 1,200 mm space includes one (1) complimentary full-meeting registration and two (2) exhibit booth personnel registrations. Additional exhibit booth personnel may be purchased for ¥12,600 each (including 8% Consumption Tax). Limit of three (3) additional exhibit booth personnel per booth space. Any additional staff would be required to register as conference attendees.			
Booth rental fees also include one (1) 1,800 $\times$ 450 mm table, two (2) chairs, one (1) 5A (ampere) electrical outlet, and internet access. Additional expenses associated with the exhibit, including special booths, drayage, lights, phone, carpeting, additional electical capacity, etc., will be the responsibility of the exhibitor.			
Tabletop Rental Fees:			
$\Box$ 1 tabletop space (¥200,000 + 8% Consumption Tax) = <b>¥216,000</b>			
$\square$ 2 tabletop spaces (¥400,000 + 8% Consumption Tax) = ¥432,000			
Services/Products to be exhibited:			

## **Cancellation and Downsizing Policy**

Cancellations/Downsizing requests MUST be in writing and may be emailed to Tomoko.Nakamura@DIAglobal.org. Cancellations/Downsizing requests received on or before: December 19, 2018 will receive a 75% refund. Cancellations/Downsizing requests received on or before: January 19, 2019 will receive a 50% refund. Cancellations/Downsizing requests received *after*: January 19, 2019 will receive **NO** refund.

Booth rental fees are non-transferable.

#### t Insertion

Option: Program Advertiseme		
	[Exhibiting Company] Page Size □ A4 Black & White □ A4 1/2 Black & White	Rate ¥ 54,000 (tax included) ¥ 32,400 (tax included)
	[Non-exhibiting Company] Page Size □ A4 Black & White □ A4 1/2 Black & White	Rate ¥ 108,000 (tax included) ¥ 54,000 (tax included)
	Please accept this as reservat	ion for space in the above lis

sted publication. Conditions: Cancellations or changes in advertising requested by the advertiser or its agency not accepted after the published closing date.

The Drug Information Association reserves the right to decline any advertising deemed inappropriate for the readership of any publication, whether in print or online versions. DIA has final approval for all publication content and position. If your creative does not meet DIA criteria, you will be asked to furnish new

## **Billing Information**

☐ Check here if billing address is the same as the contact's address		
Billing Company Name (for invoice)		
Contact Name		
Address Line 1		
Address Line 2		
City, State/Province, Postal Code, Country		
Email Address (where invoice should be sent)		
December 1 Octions and Information		

## Payment Options and Information

Payment may be made by credit card or bank transfer. Please note that exhibit space will not be assigned without payment in full. Companies with an outstanding balance will be prohibited from moving in at the Hulic Hall.

☐ Credit Card payments by Visa, MasterCard, or JCB ONLY: ☐ VISA ☐ MC ☐ JCB			
Cardholder's Name			
Card Number:			
Evn Date:	Signaturo		

☐ Bank Transfers should be made to:

MIZUHO BANK LTD., Kamiyacho branch, Toranomon 45 MT Bldg, 5-1-5 Toranomon Minato-ku, Tokyo 105-0001 Japan DIA Japan Ordinary Account Number: 1273382

SWIFT Code: MHCBJPJT

Company name, as well as the Meeting ID 19301 must be included on the transfer document to ensure payment to your account. Payment does not denote approval of your application to exhibit. If application is denied a full refund will be processed. All local and overseas charges incurred for the bank transfer must be borne by payer.

### **Contract Signature**

The undersigned hereby authorizes DIA to reserve exhibit space in the Hulic Hall for use by the above company or organization during the  $22^{\rm nd}\,{\rm DIA}$  Annual Workshop in Japan for Clinical Data Management. DIA reserves the right in its sole and absolute discretion to reject any application that in its judgment does not enhance the purpose of the 22<sup>nd</sup> DIA Annual Workshop in Japan for Clinical Data Management and its associated Exposition or is in direct competition with DIA. This contract shall be deemed accepted by DIA when received, together with the required payment. However, no contract shall be deemed accepted if the contracting exhibitor has outstanding financial obligations to DIA, of which DIA is aware, for booth space, advertising, or any service(s) provided by DIA.

Authorized signature	Date

### **Exhibition Contact:**

Tomoko Nakamura Phone: +81 3 6214 0574 Fax: +81 3 3278 1313

email: Tomoko.Nakamura@DIAglobal.org

### **DIA Japan**

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