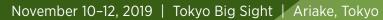
## Additional EBP Registration form

## 16th DIA Japan Annual Meeting 2019





Each booth space purchased is entitled to purchase up to 3 additional Exhibit Booth Personnel registrations once their complimentary registrations have been used. Exhibit Booth Personnel registrations grant access to the Exhibition Hall ONLY.

□ Dr. Last Name			First Name			
∐ Mr. □ Ms.						
Job Title		Compan	ıy			
Address (as required for postal delivery to your locati	on)					
City	State		Zip/Posta	al	Country	
Phone Number			Email (required for confirmation)			
Dr. Last Name			First Name M.I.			
□ Mr. □ Ms.						
Job Title		Compan	ny			
Address (as required for postal delivery to your locati	on)					
City	State		Zip/Posta	al	Country	
Phone Number			Email (required for confirmation)			
□ Dr. Last Name			First Nam	e		M.I.
☐ Mr. ☐ Ms.				ie		M.I.
Mr.		Compar		e		M.I.
□ Mr. □ Ms.  Job Title		Compar		e		M.I.
☐ Mr. ☐ Ms.		Compar		e		M.I.
□ Mr. □ Ms.  Job Title		Compar		e		M.I.
□ Mr. □ Ms.  Job Title		Compar			Country	M.I.
□ Mr. □ Ms.  Job Title  Address (as required for postal delivery to your locati	on)	Compar	ny		Country	M.I.
□ Mr. □ Ms.  Job Title  Address (as required for postal delivery to your locati	on)	Compar	Zip/Posta			M.I.
Mr.  Ms.  Job Title  Address (as required for postal delivery to your location of the content o	on)	Compar	Zip/Posta	ıl		M.I.
□ Mr. □ Ms.  Job Title  Address (as required for postal delivery to your location of the control of the contro	on) State		Zip/Posta	ıl quired for co		M.I.
Mr.  Ms.  Job Title  Address (as required for postal delivery to your location of the content o	on) State		Zip/Posta	ıl quired for co		M.I.
□ Mr. □ Ms.  Job Title  Address (as required for postal delivery to your location of the control of the contro	on)  State  Sinal Exh	hibit Bo	Zip/Posta Email (reco	quired for co	onfirmation)	
Mr.  Ms.  Job Title  Address (as required for postal delivery to your location of the content o	State Sinal Exh	hibit Bo	Zip/Posta  Email (recooth Persons. Consumptions.	quired for co sonnel	e select the appropria	te total fee below.
Mr.  Ms.  Job Title  Address (as required for postal delivery to your location of the content o	State Sinal Exh	hibit Bo	Zip/Posta  Email (recooth Persons. Consumptions.	quired for co sonnel	e select the appropria	te total fee below.
Mr.  Ms.  Job Title  Address (as required for postal delivery to your location of the content o	State Sinal Exh	hibit Bo	Zip/Posta  Email (rec  poth Pers  tions. Consumptic	quired for co sonnel	e select the appropria	te total fee below.
Mr.  Ms.  Job Title  Address (as required for postal delivery to your location of the content o	sinal Exh h Personner 2,600 (inclu	hibit Bo	Zip/Posta  Email (rec  poth Pers  tions. Consumptic	quired for co	e select the appropria	te total fee below.

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 19303 must be included on the transfer document to ensure payment to your account. All local and overseas charges incurred for the bank transfer must be borne by payer.

## EBP CANCELLATION POLICY: No refund will be issued for cancellation of Additional Exhibit Booth Personnel Registrations.

Cancellations must be in writing. Registrants are responsible for cancelling their own hotel and airline reservations. You may transfer your registration to a colleague at any time. Please notify DIA of any such substitutions as soon as possible. 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.