

# AMERICAS DIA MEMBERSHIP APPLICATION

Register online at [DIAGlobal.org/Membership](http://DIAGlobal.org/Membership)  
or fax this form to +1.215.442.6199

# DIA

## MEMBER CONTACT INFORMATION

NEW MEMBER  RENEWAL

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name M.I.

\_\_\_\_\_  
Degrees  Dr.  Mr.  Ms.

\_\_\_\_\_  
Position

\_\_\_\_\_  
Company

\_\_\_\_\_  
Mailing Address (as required for postal delivery to your location) Address is:  Office  Other

\_\_\_\_\_  
Mail Stop

\_\_\_\_\_  
City State

\_\_\_\_\_  
Zip/Postal Code Country

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
Email (required for confirmation)

**PAYMENT OPTIONS:** Register online at [DIAGlobal.org/Membership](http://DIAGlobal.org/Membership) or by:

ONE (1) YEAR MEMBERSHIP (\$230 USD)

**LOCK-IN FOR TWO YEARS AND SAVE 10%!**

TWO (2) YEAR MEMBERSHIP (\$430 USD)

CREDIT CARD Complete this form and fax to +1.215.442.6199 or email to [Membership@DIAGlobal.org](mailto:Membership@DIAGlobal.org). Non-U.S. credit card payment is subject to the currency conversion rate at the time of the charge.

Visa  MC  AMEX Exp Date \_\_\_\_\_

Card # \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

CHECK Drawn on a US bank amount of \$230 USD payable to and mailed along with this form to: **Drug Information Association Inc., 800 Enterprise Road, Suite 200, Horsham, PA 19044, USA.** Please include a copy of this registration form to facilitate identification of attendee.

BANK TRANSFER Complete the registration form and fax or mail to DIA. An email will be sent to the address provided with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your name and company must be included on the transfer document to ensure payment to your account.

REQUEST INVOICE Email your information to [Membership@DIAGlobal.org](mailto:Membership@DIAGlobal.org) or fax to +1.215.442.6199. **Membership will not begin until payment is received.**

## PLEASE CHECK APPLICABLE CATEGORY

Academia  Government  Industry

## PROFESSIONAL INTEREST AREAS

Please select one Primary Interest Area (P) and one Secondary Interest Area (S) by placing a P or S on the appropriate line.

### RESPONSIBILITY/INTEREST AREA

- |   |   |
|---|---|
| <input type="checkbox"/> Advertising & Promotion  | <input type="checkbox"/> Pharmacology                                   |
| <input type="checkbox"/> CMC  | <input type="checkbox"/> Pricing/Reimbursement                          |
| <input type="checkbox"/> Clinical Data Management/eClinical   | <input type="checkbox"/> Project Management                             |
| <input type="checkbox"/> Clinical Research  | <input type="checkbox"/> Professional Education, Training & Development |
| <input type="checkbox"/> Clinical Safety and Pharmacovigilance  | <input type="checkbox"/> Public Policy/Law/Corp. Compliance             |
| <input type="checkbox"/> Document Management/eSubmissions   | <input type="checkbox"/> Quality Assurance/Quality Control              |
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Regulatory Affairs                             |
| <input type="checkbox"/> Medical Communications   | <input type="checkbox"/> Research & Development                         |
| <input type="checkbox"/> Medical Writing  | <input type="checkbox"/> Statistics                                     |
| <input type="checkbox"/> Nonclinical  | <input type="checkbox"/> Strategic Planning                             |
| <input type="checkbox"/> Outsourcing  | <input type="checkbox"/> IT/Validation                                  |
| <input type="checkbox"/> Comparative Effectiveness/Health Technology Assessment/Evidence-based Medicine |   |

## MEMBERSHIP CANCELLATION POLICY

DIA membership is not transferable. You may cancel your DIA membership within 30 days of the purchase. Refunds must be requested in writing and sent to the DIA Headquarters at [Membership@DIAGlobal.org](mailto:Membership@DIAGlobal.org).

## PRIVACY POLICY

DIA respects the privacy of all of its members and customers. The Privacy Policy applies to all information DIA collects, including information collected via the DIA website and DIA online Community websites, email, and other electronic communications between you and DIA, event registrations, and information you provide to DIA offline. View our privacy policy online: [DIAGlobal.org/en/about-us/privacy-policy](http://DIAGlobal.org/en/about-us/privacy-policy). You agree that your personal data will be transferred to DIA in the US.

*Membership is not refundable or transferable.*

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# DIA MEMBER PROFILE

Your profile allows DIA to provide content specific to your professional development needs.



## How long have you worked in this industry? Select one.

- Less than 2 years    2-5 years    6-10 years    11-15 years    16-20 years    More than 20 years

## How long have you been in your current position? Select one.

- Less than 2 years    2-5 years    6-10 years    11-15 years    16-20 years    More than 20 years

## What is your current work setting? Select one.

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> CRO/CSO                   | <input type="checkbox"/> Law Firm                             | <input type="checkbox"/> University |
| <input type="checkbox"/> Government                | <input type="checkbox"/> Press/Media                          | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Hospital/Medical Practice | <input type="checkbox"/> Staffing/Recruitment                 | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Independent Consultant    | <input type="checkbox"/> Support services: Staffing/Personnel |                                     |
| <input type="checkbox"/> Industry                  | <input type="checkbox"/> Trade/Professional Organization      |                                     |

## What is your current job function? Select one.

- |  |  |
|--|--|
| <input type="checkbox"/> Associate     | <input type="checkbox"/> Professor/Academic Position |
| <input type="checkbox"/> CEO/President | <input type="checkbox"/> Scientist                   |
| <input type="checkbox"/> Coordinator   | <input type="checkbox"/> Specialist                  |
| <input type="checkbox"/> Director      | <input type="checkbox"/> Vice President              |
| <input type="checkbox"/> Manager       |  |

## What is your current product responsibility? Select one.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Biotechnology                               | <input type="checkbox"/> Generics        | <input type="checkbox"/> OTC Drugs               |
| <input type="checkbox"/> Combination Products                        | <input type="checkbox"/> Medical Devices | <input type="checkbox"/> Pharmaceutical Products |
| <input type="checkbox"/> Dietary Supplements/Natural Health Products | <input type="checkbox"/> Diagnostics     | <input type="checkbox"/> Veterinary Medicines    |

## What is the size of the organization you work for? Select one.

- 1-50 employees    51-500 employees    501-5,000 employees    5,001-15,000 employees  
 15,001- 50,000 employees    More than 50,000 employees

## Need Help?

The DIA Customer Service Team will be pleased to answer questions regarding your registration.

Please call us toll free at 1.888.257.6457

Monday through Friday between 8:00AM-8:30PM ET

### Online

[DIAGlobal.org/Membership](http://DIAGlobal.org/Membership)

### Fax

+1.215.442.6199

### Email

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### Mail

DIA  
800 Enterprise Road, Suite 200,  
Horsham, PA 19044, USA, USA