

AMERICAS DIA MEMBERSHIP APPLICATION

Register online at 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 or by:

- ONE (1) YEAR MEMBERSHIP (\$300 USD)
LOCK-IN FOR TWO YEARS AND SAVE 10%!
 TWO (2) YEAR MEMBERSHIP (\$540 USD)

CREDIT CARD Complete this form and fax to +1.215.442.6199 or email to 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 \$300 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 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.

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. You agree that your personal data will be transferred to DIA in the US.

Membership is not refundable or transferable.

Continued on page 2

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

Fax

+1.215.442.6199

Email

Membership@DIAGlobal.org

Mail

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