

DIA Japan MEMBERSHIP APPLICATION 会員申込書

Register online at DIAGlobal.org/Membership or fax this form to +81.3.3278.1313

DIA

重要:お手数ですが、世界共通の会員登録上英語でご記入ください

MEMBER CONTACT INFORMATION 登録会員情報 (必須)

NEW MEMBER 新規 RENEWAL 更新

Last Name 姓 _____

First Name 名 _____ M.I. _____

Degrees 学位 (PhD, MD等) _____ Dr. Mr. Ms.

Job Title 役職名 _____

Company 会社名 _____

Mailing Address (as required for postal delivery to your location) 刊行物郵送先住所 _____

Address is この住所は: Office 会社 Other その他

Department 部署名 _____

Street Address ビル名、番地、町名 _____

City 区・市 _____ State 都道府県 _____

Zip/Postal Code 郵便番号 _____ Country 国名 _____

Telephone 電話番号 _____ Fax ファックス番号 _____

Email (required for confirmation) _____

PAYMENT OPTIONS 支払方法 (必須)

Register online at DIAGlobal.org/Membership or by:

ONE (1) YEAR MEMBERSHIP 年会費 19,250 YEN *CONSUMPTION TAX INCLUDED/消費税込
LOCK-IN FOR TWO YEARS AND SAVE 10*

TWO (2) YEAR MEMBERSHIP 34,650 YEN *CONSUMPTION TAX INCLUDED/消費税込

ACADEMIA MEMBERSHIP (ONE YEAR) 13,200 YEN (ACADEMIA, MEDICALS)
*CONSUMPTION TAX INCLUDED/消費税込

STUDENT MEMBERSHIP (ONE YEAR) 5,500 YEN *CONSUMPTION TAX INCLUDED/消費税込

STUDENT MEMBER SHOULD NOT BELONG TO ANY INDUSTRIES, NOT GET A REWARD FROM INDUSTRIES/STUDENT MEMBERはどの企業にも所属しておらず且つ報酬を得ていない方が対象です。

PLEASE SEND THIS FORM WITH A COPY OF YOUR STUDENT ID TO DIA JAPAN OFFICE BY FAX OR E-MAIL/この用紙に学生証を添付し、お申込ください。

CREDIT CARD クレジットカード Complete this form and fax to DIA Japan at +81.0.3.3278.1313 or email to Japan@DIAGlobal.org

この用紙をダウンロードし必要事項にご記入の上、DIA JapanにFAXしていただくか(03.3278.1313)、Eメールにて Japan@DIAGlobal.org 宛てにお送りください。

Visa MasterCard JCB Exp Date 有効期限(mm/yy) _____

Card # カード番号 _____

Name (printed) _____

Signature 署名 _____

BANK TRANSFER 銀行振込 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. みずほ銀行 神谷町支店 普通 1273382 (口座名義) 一般社団法人ディー・アイ・エー・ジャパン

REQUEST INVOICE 請求書希望 Email your information to Japan@DIAGlobal.org or fax to +81.3.3278.1313. **Membership will not begin until payment is received.** Eメールにてこの用紙をお送りいただくか (Japan@DIAGlobal.org) FAXにてお送りください(03-3278-1313)。会員資格は会員費受領を確認してから開始されます。

PLEASE CHECK APPLICABLE CATEGORY

Academia/Non Profit Government Industry

PROFESSIONAL INTEREST AREAS (任意)

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

___ Advertising & Promotion

___ CMC

___ Clinical Data Management/eClinical

___ Clinical Research

___ Clinical Safety and Pharmacovigilance

___ Document Management/eSubmissions

___ Manufacturing

___ Medical Communications

___ Medical Writing

___ Nonclinical

___ Outsourcing

___ Comparative Effectiveness/Health

Technology Assessment/Evidence-based Medicine

___ Pharmacology

___ Pricing/Reimbursement

___ Project Management

___ Professional Education, Training & Development

___ Public Policy/Law/Corp. Compliance

___ Quality Assurance/Quality Control

___ Regulatory Affairs

___ Research & Development

___ Statistics

___ Strategic Planning

___ IT/Validation

DIA Japan MEMBER PROFILE

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



(任意)

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

Online

DIAglobal.org/Membership

Email

Japan@DIAglobal.org

Fax

+81.3.3278.1313

Mail

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