

# Exhibit Booth Personnel (EBP) Registration Form



## 11th DIA Clinical Operations and Monitoring Workshop

July 20-21, 2023

KFC Hall | Ryogoku, Tokyo, Japan

Each booth space purchased includes one (1) Full Meeting Registration and two (2) Exhibit Booth Personnel Registrations. *Additional Exhibit Booth Personnel may be purchased (up to 3 per booth space) for ¥13,200 using the Additional Exhibit Booth Personnel Registration Form.*

### One (1) Full Meeting Registration (access to conference sessions)

|  |                                   |            |         |
|--|-----------------------------------|------------|---------|
| <input type="checkbox"/> Dr.                               | Last Name                         | First Name | M.I.    |
| <input type="checkbox"/> Mr.                               |                                   |            |         |
| <input type="checkbox"/> Ms.                               |                                   |            |         |
| Job Title  |                                   |            |         |
| Company  |                                   |            |         |
| Address (as required for postal delivery to your location) |                                   |            |         |
| Address Line 2   |                                   |            |         |
| City   | State                             | Zip/Postal | Country |
|  |                                   |            |         |
| Phone Number   | Email (required for confirmation) |            |         |
|  |                                   |            |         |

### Two (2) Exhibit Booth Personnel Registrations (no access to conference sessions)

|  |                                   |            |         |
|--|-----------------------------------|------------|---------|
| <input type="checkbox"/> Dr.                               | Last Name                         | First Name | M.I.    |
| <input type="checkbox"/> Mr.                               |                                   |            |         |
| <input type="checkbox"/> Ms.                               |                                   |            |         |
| Job Title  |                                   |            |         |
| Company  |                                   |            |         |
| Address (as required for postal delivery to your location) |                                   |            |         |
| Address Line 2   |                                   |            |         |
| City   | State                             | Zip/Postal | Country |
|  |                                   |            |         |
| Phone Number   | Email (required for confirmation) |            |         |
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|  |                                   |            |         |
|--|-----------------------------------|------------|---------|
| <input type="checkbox"/> Dr.                               | Last Name                         | First Name | M.I.    |
| <input type="checkbox"/> Mr.                               |                                   |            |         |
| <input type="checkbox"/> Ms.                               |                                   |            |         |
| Job Title  |                                   |            |         |
| Company  |                                   |            |         |
| Address (as required for postal delivery to your location) |                                   |            |         |
| Address Line 2   |                                   |            |         |
| City   | State                             | Zip/Postal | Country |
|  |                                   |            |         |
| Phone Number   | Email (required for confirmation) |            |         |
|  |                                   |            |         |

Email completed form to [japan@DIAGlobal.org](mailto:japan@DIAGlobal.org) or fax same to +81.3.3278.1313