

# Exhibit Booth Personnel (EBP) Registration Form

27<sup>th</sup> DIA Annual Workshop in Japan for

## Clinical Data Management

February 19-20, 2024

Tower Hall Funabori | 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="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title			
<input type="text"/>			
Company			
<input type="text"/>			
Address (as required for postal delivery to your location)			
<input type="text"/>			
Address Line 2			
<input type="text"/>			
City	State	Zip/Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email (required for confirmation)		
<input type="text"/>	<input type="text"/>		

### 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="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Title			
<input type="text"/>			
Company			
<input type="text"/>			
Address (as required for postal delivery to your location)			
<input type="text"/>			
Address Line 2			
<input type="text"/>			
City	State	Zip/Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email (required for confirmation)		
<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Dr.	Last Name	First Name	M.I.
<input type="checkbox"/> Mr.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address Line 2			
<input type="text"/>			
City	State	Zip/Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email (required for confirmation)		
<input type="text"/>	<input type="text"/>		

Email completed form to [japan@DIAglobal.org](mailto:japan@DIAglobal.org) or fax same to +81 3 3278 1313