Application and Contract for Virtual Exhibit

27th DIA Annual Workshop in Japan for

Clinical Data Management

February 19-20, 2024 Tower Hall Funabori | Tokyo, Japan



Company Contact Information

Seminar Company Name (for signage and directory listing)
Contact Name (all correspondence will be sent to the contact information provided below)
Address Line 1
Address Line 2
City, State/Province, Postal Code, Country
Telephone Number
Telephone Hamber
Email Address (required for confirmation)
Luncheon Seminar Fees:40minutes Seminar
 □ 1. Monday, February 19 12:10-12:50 □ 2. Tuesday, February 20 11:40-12:20
¥300,000 + 10% Consumption Tax = ¥330,000
Services/Products to be exhibited:
Cancellation and Downsizing Policy

Cancellations/Downsizing requests **MUST** be in writing and may be emailed to japan@DIAglobal.org.

Cancellations/Downsizing requests received *on or before*:

December 19, 2023 will receive a 75% refund.

Cancellations/Downsizing requests received *on or before*:

January 19, 2024 will receive a 50% refund.

Cancellations/Downsizing requests received *after*:

January 20, 2024 will receive **NO** refund.

Exhibition Contact:

DIAglobal.org Phone: +81 3 6214 0574 Fax: +81 3 3278 1313 email: japan@DIAglobal.org

DIA Japan

Nihonbashi Life Science Building 6F, 2-3-11 Nihonbashihoncho, Chuo-ku Tokyo 103-0023 Japan

Billing Information

☐ Check here if billing address is the same as the contact's address		
Billing Company Name (for invoice)		
Contact Name		
Address Line 1		
Address Line 2		
City, State/Province, Postal Code, Country		
Email Address (where invoice should be sent)		
Decement Outline and Information		

Payment Options and Information

Payment may be made by credit card or bank transfer. Please note that exhibit space will not be assigned without payment in full. Companies with an outstanding balance will be prohibited from moving in at the Tower Hall Funabori and joining Webinar.

□ Credit Card payments by Visa or MasterCard:			
\square VISA \square MC			
Cardholder's Nam			
Card Number:			
Exp. Date:	Signature:		

☐ Bank Transfers should be made to:

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

Company name, as well as the Meeting ID 23301 must be included on the transfer document to ensure payment to your account. Payment does not denote approval of your application to exhibit. If application is denied a full refund will be processed. All local and overseas charges incurred for the bank transfer must be borne by payer.

Contract Signature

The undersigned hereby authorizes DIA to reserve the presentation time during designtated slot for use by the above company or organization during the 26th DIA Japan Annual Workshop for Clinical Data Management. DIA reserves the right in its sole and absolute discretion to reject any application that in its judgment does not enhance the purpose of the 26th DIA Japan Annual Workshop for Clinical Data Management and its associated Exposition or is in direct competition with DIA. This contract shall be deemed accepted by DIA when received, together with the required payment. However, no contract shall be deemed accepted if the contracting exhibitor has outstanding financial obligations to DIA, of which DIA is aware, for the presentation, or any service(s) provided by DIA.

Authorized signature	Date