

# The 21<sup>st</sup> DIA Japan Annual Meeting 2024

Toward a Well-Being Future in which Each and Every One of Us Has 'Ikigai'

October 27-29, 2024 | Tokyo Big Sight



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 ¥16,500 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	
<input type="checkbox"/> Mr.	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Ms.			
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.			
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.			
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"/>	

Email completed form to [Hideo.Susa@diaglobal.org](mailto:Hideo.Susa@diaglobal.org)