

The 22nd DIA Japan Annual Meeting 2025

Strong Ties of Japan with Asia and the World for Delivering ‘Tomorrow’s Normal’ to Patients

October 19-21, 2025 | 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. <input type="text" value="Last Name"/>	<input type="text" value="First Name"/>		
<input type="checkbox"/> Mr. <input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Ms. <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 <input type="text"/>	State <input type="text"/>	Zip/Postal <input type="text"/>	Country <input type="text"/>
Phone Number <input type="text"/>	Email (required for confirmation) <input type="text"/>		

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

<input type="checkbox"/> Dr. <input type="text" value="Last Name"/>	<input type="text" value="First Name"/>	<input type="text" value="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"/>		<input type="text"/>	
Company <input type="text"/>		<input type="text"/>	
Address (as required for postal delivery to your location) <input type="text"/>		<input type="text"/>	
Address Line 2 <input type="text"/>		<input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip/Postal <input type="text"/>	Country <input type="text"/>
Phone Number <input type="text"/>	Email (required for confirmation) <input type="text"/>		
<input type="checkbox"/> Dr. <input type="text" value="Last Name"/>	<input type="text" value="First Name"/>	<input type="text" value="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"/>		<input type="text"/>	
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City <input type="text"/>	State <input type="text"/>	Zip/Postal <input type="text"/>	Country <input type="text"/>
Phone Number <input type="text"/>	Email (required for confirmation) <input type="text"/>		

Email completed form to Hideo.Susa@diaglobal.org