Exhibit Booth Personnel (EBP) Registration Form

The 29th DIA Japan Annual Workshop for Clinical Data Management



Mar 2-3, 2026

Nihonbashi Life Sceience Building 3F Room 313, 314 | Chuo-ku, 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 $\frac{1}{2}$ 16,500 using the Additional Exhibit Booth Personnel Registration Form.

One (1) Full Meeting Registration (access to conference sessions)					
□ Dr. □ Mr.	Last Name		First Name		M.I.
□ Ms.					
Job Tit	le				
Company					
Address (as required for postal delivery to your location)					
Address Line 2					
City		State	Zip/Postal	Country	
Phone Number			Email (required for conf	irmation)	
Two (2) Exhibit Booth Personnel Registrations (no access to conference sessions)					
□ Dr.	Last Name		First Name	·	M.I.
□ Mr.					
☐ Ms.	1-				
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)		
□ Dr.	Last Name		First Name		M.I.
□ Mr. □ Ms.					
	Lo.				<u>.</u>
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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