



14th DIA Clinical Operations and Monitoring Workshop

July 9-10, 2026

Nihonbashi Life Science Hub | Chuo-ku, Tokyo, Japan

Company Contact Information

Exhibiting Company Name (for signage and directory listing)

[Empty text box for Exhibiting Company Name]

Contact Name (all correspondence will be sent to the contact information provided below)

[Empty text box for Contact Name]

Address Line 1

[Empty text box for Address Line 1]

Address Line 2

[Empty text box for Address Line 2]

City, State/Province, Postal Code, Country

[Empty text box for City, State/Province, Postal Code, Country]

Telephone Number

[Empty text box for Telephone Number]

Email Address (required for confirmation)

[Empty text box for Email Address]

Luncheon Seminar Fees:

☐ Seminar : (¥250,000 + 10% Consumption Tax) = ¥275,000

Seminar with one booth:

(¥400,000 + 10% Consumption Tax) = ¥440,000

Services/Products to be exhibited(e.g. Clinical trial management services):

[Empty text box for Services/Products to be exhibited]

Cancellation and Downsizing Policy

Cancellations requests MUST be in writing and may be emailed to japan@DIAGlobal.org. Cancellations requests received on or before: May 8, 2026 will receive a 75% refund. Cancellations requests received on or before: June 8, 2026 will receive a 50% refund. Cancellations requests received after: June 8, 2026 will receive NO refund.

Billing Information

☐ Check here if billing address is the same as the contact's address

Billing Company Name (for invoice)

[Empty text box for Billing Company Name]

Contact Name

[Empty text box for Contact Name]

Address Line 1

[Empty text box for Address Line 1]

Address Line 2

[Empty text box for Address Line 2]

City, State/Province, Postal Code, Country

[Empty text box for City, State/Province, Postal Code, Country]

Email Address (where invoice should be sent)

[Empty text box for Email Address]

Payment Options and Information

Payment may be made by credit card or bank transfer. Please note that presentation time will not be assigned without payment in full. Companies with an outstanding balance will be prohibited from joining Webinar.

☐ Credit Card payments by Visa, MasterCard ONLY:

☐ VISA ☐ MC

Cardholder's Name:

[Empty text box for Cardholder's Name]

Card Number:

[Empty text box for Card Number]

Exp. Date:

[Empty text box for Exp. Date]

Signature:

[Empty text box for 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 26307 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 designated slot for use by the above company or organization during the 14th DIA Clinical Operations and Monitoring Workshop. DIA reserves the right in its sole and absolute discretion to reject any application that in its judgment does not enhance the purpose of 11th DIA Clinical Operations and Monitoring Workshop 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

[Empty text box for Authorized signature]

[Empty text box for Date]

Exhibition Contact: DIAglobal.org Phone: +81.3.6214.0574 Fax: +81.3.3278.1313 email: japan@DIAGlobal.org

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