Application and Contract for Virtual Display

7th DIA Medical Device Symposium in Japan



July 5-6, 2021 Virtual Event | Tokyo, Japan

Company Contact Information Exhibiting Company Name (for signage and directory listing)	Billing Information Check here if billing address is the same as the contact's address
	Billing Company Name (for invoice)
	Billing Company Name (10) Invoice)
Contact Name (all correspondence will be sent to the contact information provided below)	
	Contact Name
Address Line 1	
Address Ellie 1	Address Line 1
Address Line 2	Address Line 2
City, State/Province, Postal Code, Country	City State / Dravings Destal Code Country
	City, State/Province, Postal Code, Country
Telephone Number	
	Email Address (where invoice should be sent)
Email Address (required for confirmation)	
	Payment Options and Information
	Payment may be made by credit card or bank transfer. Please note to presentation time will not be assigned without payment in full.
Exhibition Fees:	□ Credit Card payments by Visa, MasterCard, or JCB ONLY:
☐ (¥150,000 + 10% Consumption Tax) = ¥165,000	UISA MC JCB
Services/Products to be exhibited:	Cardholder's Name:
Cancellation and Downsizing Policy	Card Number:
Cancellations requests MUST be in writing and may be emailed to Yayoi.Suzuki@DIAglobal.org. Cancellations	Exp. Date: Signature:
requests received <i>on or before</i> : March 5, 2021 will receive a 75% refund. Cancellations requests received <i>on or before</i> : April 5, 2021 will receive a 50% refund. Cancellations requests received <i>after</i> : May 6, 2021 will receive NO refund.	☐ 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 21311 must be included
	the transfer document to ensure payment to your account. Payment does denote approval of your application to exhibit. If application is denied a
	refund will be processed. All local and overseas charges incurred for bank transfer must be borne by payer.
	Contract Signature
	The undersigned hereby authorizes DIA to reserve the presentation time du designtated slot for use by the above company or organization during
	7th DIA Medical Device Symposium in Japan. DIA reserves the right in its and absolute discretion to reject any application that in its judgment does enhance the purpose of 7th DIA Medical Device Symposium in Japan and
	associated Exposition or is in direct competition with DIA. This contract shal deemed accepted by DIA when received, together with the required paym
	However, no contract shall be deemed accepted if the contracting exhib has outstanding financial obligations to DIA, of which DIA is aware, for presentation, or any service(s) provided by DIA.
	Authorized signature Date

Exhibition Contact: Yayoi Suzuki Phone: +81.3.6214.0574 Fax: +81.3.3278.1313 email: Yayoi.Suzuki@DIAglobal.org DIA Japan Nihonbashi Life Science Building 6F, 2-3-11 Nihonbashihoncho, Chuo-ku Tokyo 103-0023 Japan