REGISTRATION FORM
Register online or fax this page to +1.215.442.6199

US Conference on Rare Diseases and Orphan Products: Shaping the Future Now

Event #12017 • October 22-24, 2012

Capitol Hilton, Washington, DC, USA

Early-bird Opportunity Available on nondiscount industry fee only	On or before OCT. 1, 2012	After OCT. 1, 2012
Industry Fee	US $1465 ❑	US $1665 ❑
Discount Fees		
Government (Full-time)		US $500 ❑
Charitable Nonprofit/Academia (Full-time)		US $800 ❑
Patient Organizations/Patients		US $400 ❑
Join DIA now to save on future events and to receive all the benefits of membership www.diahome.org/Membership		MEMBERSHIP US $175 ❑

TO RECEIVE A TABLETOP EXHIBIT APPLICATION, PLEASE CHECK ❑

GROUP DISCOUNTS* Register 3 individuals from the same company and receive complimentary registration for a 4th! **All 4 individuals must register and prepay at the same time – no exceptions.** DIA will apply the value of the lowest applicable fee to this complimentary registration; it does NOT include fees for optional events or DIA membership. You may substitute group participants of the same membership status at any time; however, administrative fees may be incurred. **Group registration is not available online and does not apply to the already-discounted fees for government or charitable nonprofit/academia.** To take advantage of this offer, please make a copy of this registration form for EACH of the four registrants from your company. Include the names of all four group registrants on each of the forms and return them together to DIA.

❑ **Please indicate that this form is part of a group registration by checking this box and list below the names of the other three registrants from your company.**

1. _____

2. _____

3. _____

Payment options: Register online at www.diahome.org or check payment method.

❑ **CREDIT CARD** number may be faxed to: +1.215.442.6199. You may prefer to pay by check or bank transfer since non-U.S. credit card payment will be subject to the currency conversion rate at the time of the charge.

☐ Visa ☐ MC ☐ AMEX Exp Date_____

Card # _____

Name (printed) _____

Signature _____

❑ **CHECK** drawn on a US bank payable to and mailed along with this form to: Drug Information Association Inc, P.O. Box 95000-1240, Philadelphia, PA 19195-1240, USA. Please include a copy of this registration form to facilitate identification of attendee.

❑ **BANK TRANSFER** When DIA completes your registration, an email will be sent to the address on the registration form with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your name and company, as well as the Event I.D. # must be included on the transfer document to ensure payment to your account.

TRAVEL AND HOTEL The most convenient airport is Ronald Reagan National Airport and attendees should make airline reservations as early as possible. The Capitol Hilton is holding a block of rooms at the reduced rate below until October 1, 2012, for the DIA event attendees. Room availability at this rate is guaranteed only until this date or until the block is filled.

Single $275 **Double $275**

Attendees must make their own hotel reservations. Contact the Capitol Hilton by telephone at +1.800.HILTONS and mention the DIA event. The hotel is located at 1001 16th Street NW, Washington, DC, USA 20036.

CANCELLATION POLICY: On or before October 15, 2012

Administrative fee that will be withheld from refund amount:

Member or Nonmember = $200

Government or Academia or Nonprofit (Member or Nonmember) = $100

Tutorial (if applicable) = $50

Cancellations must be in writing and be received by the cancellation date above. Registrants who do not cancel by that date and do not attend will be responsible for the full registration fee paid. Registrants are responsible for cancelling their own hotel and airline reservations. You may transfer your registration to a colleague at any time but membership is not transferable. Please notify DIA of any such substitutions as soon as possible. Substitute registrants will be responsible for nonmember fee, if applicable.

DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for any airfare, hotel or other costs incurred by registrants.

Participants with Disabilities: DIA event facilities and overnight accommodations are accessible to persons with disabilities. Services will be made available to sensory-impaired persons attending the event if requested at least 15 days prior to event. Contact the DIA office to indicate your needs.

TABLETOP EXHIBIT INFORMATION

Attendees may visit the tabletop exhibits during the event and receptions.
Contact **Shannon Lewis Exhibits Associate,** Phone **+1.215.442.6149**
Fax **+1.215.442.6199,** email **Shannon.Lewis@diahome.org**

EVENT INFORMATION

Contact **Carrie Dunn, Program Developer,** Phone **+1. 215.442.6181**
Fax **+1.215.442.6199,** email **Carrie.Dunn@diahome.org**

Please check the applicable category:

❑ Academia ❑ Government ❑ Industry ❑ CSO ❑ Student ❑ Patient Organizations/Patients (Call for registration information)

Last Name _____

First Name _____ M.I.

Degrees _____ ❑ Dr. ❑ Mr. ❑ Ms.

Job Title _____

Company _____

Address (As required for postal delivery to your location) _____ Mail Stop

City _____ State Zip/Postal Country

email **Required for confirmation**

Phone Number _____ Fax Number **Required for confirmation**