Application and Contract for *Tabletop Display*

US Conference on
Rare Diseases and Orphan Products

October 22-24 | Capital Hilton | Washington, DC

www.diahome.org

Meeting ID 12017

Company Contact Information

Exhibiting Company Name *(for signage and directory listing)*

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

Address Line 1

Address Line 2

City, State, Postal Code, Country

Telephone Number Fax Number

Email Address *(required for confirmation)*

Tabletop Rates and Information

TABLETOP ONLY. Tabletop display cost includes one skirted table and one chair. Exhibitors may not sublet or share any part of the space allocated to another company. Tables will be chosen on a first-come, first-served basis at the meeting site unless otherwise instructed by the DIA prior to the meeting.

Tabletop Rental Fees*

- ☐ Industry Exhibitor US $2,500
- ☐ Government / Charitable Nonprofit / Academia / Patient Group Exhibitor US $1,500

*Rental fees are for tabletop only and must be paid in advance. All tabletop staff must register as an attendee for the conference. At least one person must be registered to staff each tabletop.

Only one 30" x 72" table, chair and electrical outlet will be provided per table.

All display materials must be placed on surface of the table, pop-up tabletop displays may be used. No additional equipment may be placed in surrounding area, with the exception of floor banners (maximum size of 30" wide by 72" high) in the vicinity of your tabletop if space allows. No signs, banners, flags, etc. may be displayed from ceiling or walls, but are acceptable if attached to table.

No security arrangements will be provided. All materials are the responsibility of the exhibitor.

Tabletops are not guaranteed for the duration of the meeting/registration times.

Advertisements and/or Announcements for non-DIA Sponsored Meetings/Workshops cannot be distributed or promoted at the workshop.

Hospitality suites or company demonstrations must be approved by DIA Staff and cannot be held during DIA meetings or events.

Payment Options and Information

Payment may be made by check, credit card, or bank transfer. Please note that tabletops will not be assigned without proper payment and companies with an outstanding balance will be prohibited from moving in at the Capital Hilton.

☐ **Credit Card** payments by **Visa, MasterCard,** or **American Express:**

☐ **VISA** ☐ **MC** ☐ **AMEX**

Cardholder's Name:

Card Number:

Signature: Exp. Date:

☐ **Checks** drawn on a US bank payable to and mailed along with a copy of this form to:
Drug Information Association, Inc.
800 Enterprise Road, Suite 200
Horsham, PA, 19044-3595, USA

☐ **Bank Transfer** When DIA completes your registration, an email will be sent to the address on the application form with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your company name, as well as the Meeting ID 12017 must be included on the transfer document to ensure payment to your account.

Cancellation Policy

Cancellations MUST be in writing and received at the office prior to the meeting start date. A 50% refund of tabletop fees will be issued. Attendee registration cancellations MUST be in writing and received in the office on or before ***October 15, 2012****. An administrative fee will be withheld from refund as follows: Member/Nonmember = $200; Government/Academia/Nonprofit (Member/Nonmember) = $100; Tutorial = $50. Registrants who do not cancel by* ***October 15, 2012*** *and do not attend will be responsible for the full registration fee paid. Registrants are responsible for canceling 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 non-member 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.*

Contract Signature

Exhibitor agrees to indemnify and hold harmless the Drug Information Association, its officers, directors, employees and members from any and all liability for losses, damages, and claims arising out of injury or damage to Exhibitor's displays, equipment and other property brought on the premises of the exhibition site by Exhibitor and for losses, damages and claims caused by the Exhibitor to the exhibition site. Exhibitor further agrees to indemnify and hold harmless the Drug Information Association, its officers, directors, employees and members from any and all liability to any person or persons for or by reason of any act or omission of said Exhibitor or any of its employees, agents, servants or employees. Exhibitor, by signing the Application, expressly releases the foregoing named association and individuals from any and all liability for losses, claims, damages, and injury.

Authorized signature **Date**

Attending Exhibitor Information and Registration Fees

☐ Dr. ☐ Mr. ☐ Ms. ☐ Check here if already registered

Last Name First Name M.I.

Job Title Affiliation (Company)

Address (Please write your address in the format required for delivery to your country.)

City State Zip Country

email

Telephone Number Fax Number

DISCOUNT EXHIBITOR REGISTRATION RATES**
**Limit 1 discounted registration per tabletop rented

Industry Exhibitor	US $ 1000 ☐
Nonprofit/Academia Exhibitor	US $ 400 ☐
Government Exhibitor	US $ 250 ☐
Patient Exhibitor	US $ 200 ☐

Co-sponsored by

NORD National Organization for Rare Disorders

www.diahome.org

Completed applications should be faxed to +1.215.442.6199 or emailed to exhibits@diahome.org

All applications must be reviewed by DIA for approval before admission is granted.