Training Course Registration Form

TRAINING COURSE

❑ **EudraVigilance-Electronic Reporting of ICSRs in the EEA**
November 28-30, 2012 | Horsham, PA | (#12409)

REGISTRATION FEES: Registration fee includes continental breakfast(s), luncheon(s), reception (if applicable), and all course materials.

STANDARD FEE **US $2,300** ❑

PAYMENT METHODS

Register online at www.diahome.org or check the preferred payment method.

❑ **CHECK** drawn on a US bank payable to: **Drug Information Association**, mailed along with this form to: **DIA, 800 Enterprise Road, Suite 200, Horsham, PA 19044-3595**. Please include a copy of this registration form with payment.

❑ **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 Meeting I.D. # must be included on the transfer document to ensure payment to your account.

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

❑ VISA ❑ MC ❑ AMEX Exp Date _____

Card # _____

Cardholder Name _____

You may register online at **www.diahome.org**, or you may return this completed form by mail to DIA at the address under check payment method, or by fax to **+1.215.442.6199**. Walk-in registration will **NOT** be accepted. **Registration must be confirmed in writing by the DIA office**. If you have not received confirmation within five business days, please telephone DIA at +1.215.442.6100 or email **confirmationservices@diahome.org**. 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.

REGISTRANT'S CONTACT INFORMATION

Please check the applicable category: ❑ Academia ❑ Government ❑ Industry ❑ CSO ❑ Student *(Full-time, verification required)*

Registrant's Name _____
Last Name First Name M.I.

Degrees _____ ❑ Dr. ❑ Mr. ❑ Ms.

Job Title _____

Company _____

Address _____

_____
City *(Please write your address in the format required for delivery to your country.)* State Zip Country Code

*Email _____
** (An email address is required for confirmation.)*

Telephone_____ Fax _____

COURSE CANCELLATION AND TRANSFER POLICIES

***Cancellations**: Cancellations must be received two weeks prior to the first day of the course. A $200 administrative charge will be deducted from the original registration fee. Cancellations must be in writing and received in the DIA office according to the timeline above. There will be no refund if cancellation is received within two weeks from the first day of the course. Registrants are responsible for cancelling their own hotel and travel reservations. Registrants who do not cancel prior to the course and do not attend will be responsible for the full registration fee. DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for airfare, hotel or other costs incurred by registrants.*

***Transfers**: You may transfer your registration to a colleague at any time but membership is not transferable. Please notify the DIA North American office of such transfers in writing as soon as possible. Substitute registrants will be responsible for the nonmember fee, if applicable.*