REGISTRATION FORM

Attendees may register online at diahome.org.



Please complete form in its entirety.	PAYMENT OPTIONS: Register online at diahome.org or by:
EVENT TITLE DATE REGISTRATION FEE \$	□ CREDIT CARD Complete this form and fax to +1.215.442.6199 or mail to: Drug Information Association, 800 Enterprise Road, Suite 200, Horsham, PA 19044-3595, USA. Non-U.S. credit card payment is subject to the currency conversion rate at the time of the charge. □ Visa □ MC □ AMEX Exp Date
MEMBERSHIP: Please indicate your preference below. If you select membership below, please use the member registration rate above. □ DO want DIA membership □ DO NOT want DIA membership Join DIA now to qualify for all the benefits of membership for one year! TOTAL: \$	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 Upon completion of your registration, DIA will send an email to the address on the form with instructions on how to complete the Bank Transfer. Payment should be made in US dollars. Your name, company, and Event I.D. # must be included on the transfer document to ensure payment to your account.
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.	Last Name First Name M.I. Degrees Degrees Company Mailing Address (as required for postal delivery to your location)
□ 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	Mail Stop City State Zip/Postal Code Country email Address (required for confirmation)
CANCELLATION POLICY: All cancellations must be received in writing at DIA's office two weeks prior to the event start date. If you do not cancel and do not attend, you are responsible for the full applicable fee. Cancelling any portion of your program registration will void any multiple purchase discounts that may have been applied. By completing this registration form you are agreeing to DIA's complete cancellation and transfer policy.	Telephone Number Fax Number (required for confirmation) PARTICIPANTS WITH DISABILITIES: Reasonable accommodations will be made available to persons with disabilities who attend an educational activity. Contact the DIA office in writing at least 15 days prior to event to indicate your needs. PHOTOGRAPH Y POLICY: By attending the DIA event you give permission for images of you, captured during the conference

HOW TO REGISTER:

diahome.org.

The DIA Customer Service Team will be pleased to answer questions regarding your registration.

Please call us at +1.215.442.6100 Monday through Friday between 9AM-5PM ET.

through video, photo, and/or digital camera, to be used by the DIA in promotional materials, publications,

and website and waive any and all rights including, but not limited to compensation or ownership.

Online diahome.org

Fax +1.215.442.6199

To read DIA's full cancellation policy, please visit the event homepage at

email DIA@diahome.org

Drug Information Association 800 Enterprise Road, Suite 200 Horsham, PA 19044-3595