



# Exhibit Personnel Registration Form

San Diego, CA – November 17-19, 2009

Meeting ID 09026

## 8th Annual Electronic Submissions Conference eCTD: The Adventure Continues

Each booth space purchased includes one (1) Full Meeting Registration and two (2) Exhibit Booth Personnel registrations. Any additional staff needed must register as a full attendee incurring the appropriate registration fees.

Please fax completed form to ATTENTION: Shannon Lewis at +1-215-442-6199, or email to Shannon.lewis@diahome.org.

### One (1) Full Meeting Registration (access to scientific sessions)

Please check the applicable category:  
 Academia  Government  Industry  CSO

---

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 \_\_\_\_\_

### Two (2) Exhibit Booth Personnel Registrations (no access to scientific sessions)

<p>Please check the applicable category:  <input type="checkbox"/> Academia <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> CSO</p> <hr/> <p>Last Name _____ First Name _____ M.I. _____</p> <hr/> <p>Degrees _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <hr/> <p>Job Title _____</p> <hr/> <p>Company _____</p> <hr/> <p>Address <i>As required for postal delivery to your location</i> _____ Mail Stop _____</p> <hr/> <p>City _____ State _____ Zip/Postal _____ Country _____</p> <hr/> <p>email <i>Required for confirmation</i> _____</p> <hr/> <p>Phone Number _____ Fax Number _____</p>	<p>Please check the applicable category:  <input type="checkbox"/> Academia <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> CSO</p> <hr/> <p>Last Name _____ First Name _____ M.I. _____</p> <hr/> <p>Degrees _____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <hr/> <p>Job Title _____</p> <hr/> <p>Company _____</p> <hr/> <p>Address <i>As required for postal delivery to your location</i> _____ Mail Stop _____</p> <hr/> <p>City _____ State _____ Zip/Postal _____ Country _____</p> <hr/> <p>email <i>Required for confirmation</i> _____</p> <hr/> <p>Phone Number _____ Fax Number _____</p>
--	--