

APPLICATION FOR TABLETOP DISPLAY

GLOBAL VACCINE DEVELOPMENT FOR WORLD HEALTH SYMPOSIUM

November 3-4, 2009 — Bethesda North Marriott Hotel and Conference Center, Bethesda, MD, USA



Meeting ID #09023

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 & 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*

1 Tabletop US \$1,500.00

2 Tabletops US \$3,000.00

If registering for two tabletops, please complete a second Attendee Registration

*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 6' 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" tall), which are permitted behind 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 & 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 Bethesda North Marriott Hotel and Conference Center.

CREDIT CARD number may be faxed to: +1-215-442-6199.

VISA MC AMEX

Exp. Date _____

Card # _____

Signature _____

CHECK drawn on a US bank payable to and mailed along with this form to:

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

Please include a copy of this application form to facilitate identification. **Please fax this form to +1-215-442-6199 prior to payment.**

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 I.D. #09023 must be included on the transfer document to ensure payment to your account. **Please fax this form to +1-215-442-6199 prior to payment.**

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 _____

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 27, 2009**. 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 27, 2009** 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 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.

ATTENDING EXHIBITOR INFORMATION & 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

Registration Fees If DIA cannot verify your membership upon receipt of registration form, you will be charged the nonmember fee. Registration fee includes refreshment breaks, luncheons and reception and will be accepted by mail, fax, or email.

MEMBER EARLY-BIRD OPPORTUNITY

Available on nondiscount member fee only.

Member Fee

Join DIA now to qualify for the early-bird member fee!

On or before After
OCT. 13, 2009 OCT. 13, 2009

US \$ 965 US \$ 1100
MEMBERSHIP
US \$ 140

To qualify for the early-bird discount, registration form and accompanying payment must be received by the date above. Does not apply to government/academia/nonprofit members.

Nonmember Fee

US \$ 1240

A one-year membership to DIA is available to those paying a NONMEMBER meeting registration fee if paying a nonmember fee, please indicate if you do, or do not, want membership.

I want to be a DIA member

I do NOT want to be a DIA member

Discount Fees

Government (Full-time)
Charitable Nonprofit/Academia (Full-time)

MEMBER NONMEMBER*
US \$ 365 US \$ 505
US \$ 680 US \$ 820

*If paying a nonmember fee, please check one box above, indicating whether you want membership.

Exhibit Contact: Shannon Lewis, Exhibits Associate — Direct Phone: +1-215-442-6149 — Fax: +1-215-442-6199 — Email: Shannon.Lewis@diahome.org

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

DRUG INFORMATION ASSOCIATION <http://www.diahome.org>

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