

Application and Contract for Exhibit Space

1st DIA Cardiac Safety Workshop in Japan

May 25-26, 2010
Tower Hall Funabori — Tokyo, Japan



Meeting ID 10305

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):

Billing Information

Check here if billing address is the same as the contact's address
Company Name:

Contact Name:

Address Line 1:

Address Line 2:

City, State, Postal Code, Country:

Telephone Number:

Fax Number:

Email Address (where invoice should be sent):

Exhibit Space Rates and Information

Each 2,300 x 1,400 mm space includes one (1) complimentary full meeting registration and one (1) exhibit booth personnel registration. Additional exhibit booth personnel may be purchased for ¥12,600 each (including 5% Consumption Tax). Limit of 3 additional exhibit booth personnel per booth space. Any additional staff required would be required to register as a conference attendee.

Booth rental fees also include one (1) 1,800 x 600 mm table, one (1) chair, one (1) 5A (ampere) electrical outlet, and internet access. Additional expenses associated with the exhibit, including special booths, drayage, lights, phone, carpeting, additional electrical capacity, etc., will be the responsibility of the exhibitor.

Booth Rental Fees

- 1 booth space ¥150,000 + 5% Consumption Tax (¥7,500) = **¥157,500**
- 2 booth spaces ¥300,000 + 5% Consumption Tax (¥15,000) = **¥315,000**

Services/Products to be exhibited:

Cancellation and Downsizing Policy

Cancellations/Downsizing requests **MUST** be in writing.

Cancellations/Downsizing requests received on or before March 26, 2010 will receive a 75% refund; Cancellations/Downsizing requests received on or before April 25, 2010 will receive a 50% refund; Cancellations/Downsizing requests received after April 25, 2010 will receive **NO** refund.

Booth rental fees are non-transferable.

DIA Japan LLC

Phone: +81 3 5833 8444 • Fax: +81 3 5820 8448
www.diahome.org

Contact: Keiko Cambridge

Phone: +81 3 5833 8444 • Fax: +81 3 5820 8448
Keiko.Cambridge@diajapan.org

US Office Support: Jeff Korn

Phone: +1.215.442.6184 • Fax: +1.215.293.5924
Jeff.Korn@diahome.org

Payment Options and Information

Payment may be made by credit card or bank transfer. Please note that exhibit space will not be assigned without payment in full. Companies with an outstanding balance will be prohibited from moving in at the Tower Hall Funabori.

Credit Card payments by **Visa** or **MasterCard** only.

VISA MC

Exp. Date _____

Card # _____

Signature _____

Bank Transfers should be made to:

CITIBANK N.A., Akasaka Branch, Prudential Plaza,
Nagatacho 2-13-10, Chiyoda-ku, Tokyo, 100-0014 Japan
Drug Information Association Ordinary Account Number: 7585284
SWIFT Code: CITIJPJT

Company name, as well as the Meeting ID 10305 must be included on the transfer document to ensure payment to your account. Payment does not denote approval of your application to exhibit. If application is denied a full refund will be processed. **All local and overseas charges incurred for the bank transfer must be borne by payer.**

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:

If you do not receive confirmation within two weeks of submitting this application, please call the DIA at +81 3 5833 8444 and ask to be connected with someone in the exhibits department.

Fax completed form to Keiko Cambridge at +81 3 5820 8448 or scan and email to Keiko.Cambridge@diajapan.org

Exhibit Booth Personnel (EBP)

Registration Form



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Each booth space purchased includes one (1) Full Meeting Registration and one (1) Exhibit Booth Personnel Registration. *Additional Exhibit Booth Personnel may be purchased (up to 3 per booth space) for ¥12,600 using the Additional Exhibit Booth Personnel Registration Form.*

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

One (1) Exhibit Booth Personnel Registration (no 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

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ADDITIONAL Exhibit Booth Personnel (EBP)

Registration Form

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Meeting ID 10305

Each booth space purchased is entitled to purchase up to 3 additional Exhibit Booth Personnel registrations once their complimentary registrations have been used. **Exhibit Booth Personnel registrations grant access to the Exhibition Hall ONLY. Boxed lunch is provided.**

Last Name First Name M.I. Dr. Mr. Ms.

Job Title Affiliation (Company)

Address (as required for postal delivery to your location)

City State Zip/Postal Country

email (required for confirmation) Phone Number Fax Number

Last Name First Name M.I. Dr. Mr. Ms.

Job Title Affiliation (Company)

Address (as required for postal delivery to your location)

City State Zip/Postal Country

email (required for confirmation) Phone Number Fax Number

Last Name First Name M.I. Dr. Mr. Ms.

Job Title Affiliation (Company)

Address (as required for postal delivery to your location)

City State Zip/Postal Country

email (required for confirmation) Phone Number Fax Number

Payment Methods — ¥12,600 per additional Exhibit Booth Personnel

ONLINE Ordering is NOT available for Additional Exhibit Booth Personnel Registrations.

Cost per additional Exhibit Booth Personnel registration is ¥12,600 (including 5% Consumption Tax). **Please select the appropriate total fee below.**

- ¥12,600—One (1) Additional EBP Registration ¥25,200—Two (2) Additional EBP Registrations ¥37,800—Three (3) Additional EBP Registrations

Please check payment method.

- Credit Card** payments by **Visa** or **MasterCard** only.

VISA MC

Card #

Exp. Date

Signature

- BANK TRANSFERS** should be made to:

CITIBANK N.A., Akasaka Branch, Prudential Plaza,
Nagatacho 2-13-10, Chiyoda-ku, Tokyo, 100-0014 Japan
Drug Information Association Ordinary Account Number: 7585284
SWIFT Code: CITIJPJT

Company name, as well as the Meeting ID 10305 must be included on the transfer document to ensure payment to your account. **All local and overseas charges incurred for the bank transfer must be borne by payer.**

EBP CANCELLATION POLICY:

No refund will be issued for cancellation of Additional Exhibit Booth Personnel Registrations.

Cancellations must be in writing. Registrants are responsible for cancelling their own hotel and airline reservations. You may transfer your registration to a colleague at any time. Please notify DIA of any such substitutions as soon as possible. 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.

Fax completed form to Keiko Cambridge at +81 3 5820 8448 or scan and email to Keiko.Cambridge@diajapan.org