Online Training Registration Form



REGISTRATION FEES:	ONLINE COURSE CANCELLATION POLICY	
EVENT TITLE	No refunds will be provided in the event of a	
DATE	participant's cancellation since all costs for thi online training course have been prepaid by DIA	
REGISTRATION FEE \$	DIA reserves the right to modify or cancel program. and/or substitute presenters or panelists. DIA is no responsible for failure to deliver programs due to	
MEMBERSHIP: US \$175 □		
Join DIA now to qualify for all the benefits of membership for one year! Please indicate your preference below.	circumstances beyond its control.	
If you select membership below, please use the member registration rate.		
□ I DO want DIA membership □ I DO NOT want DIA membership		
TOTAL: \$	-	
Receive a 15% discount when you register more than one group site at the same time. Valid only when group sites are		
purchased online for this training course.		
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, Sui	te 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 instruction Payment should be made in US dollars. Your name and company, as well as the Meeting I.D. # must be included on the transfer documents.	·	
☐ 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 page.	ayment will be subject to the currency conversion rate	
at the time of the charge.		
□ VISA □ MC □ AMEX Exp Date		
Card#		
Cardholder Name		
REGISTRANT'S CONTACT INFORMATION		
Please check the applicable category: ☐ Academia ☐ Government ☐ Industry ☐ CSO ☐ Student (Full-time, verification)	ation required)	
Registrant's Name		
Last Name First Name	M.I.	
Degrees	□ Dr. □ Mr. □ Ms.	
Job Title		
Company		
Address		
(Please write your address in the format required for delivery to your country.)		
CityState		
ZipCountry Code		
ZipCountry Code		
Email		
(An email address is required for confirmation.)		

