



# 10th DIA Medical Device Symposium in Japan

November 26, 2024

Hybrid Event at Nihonbashi Life Science HUB | Tokyo, Japan

## Company Contact Information

**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/Province, Postal Code, Country**

**Telephone Number**

**Email Address** (required for confirmation)

### Seminar Fees:

(¥300,000 + 10% Consumption Tax) = **¥330,000**

Services/Products to be exhibited:

## Cancellation and Downsizing Policy

Cancellations requests **MUST** be in writing and may be emailed to [Japan@DIAglobal.org](mailto:Japan@DIAglobal.org).  
Cancellations requests received **on or before:**  
August 26, 2024 will receive a 75% refund.  
Cancellations requests received **on or before:**  
September 26, 2024 will receive a 50% refund.  
Cancellations requests received **after:**  
October 26, 2024 will receive **NO** refund.

## Billing Information

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

**Billing Company Name** (for invoice)

**Contact Name**

**Address Line 1**

**Address Line 2**

**City, State/Province, Postal Code, Country**

**Email Address** (where invoice should be sent)

## Payment Options and Information

Payment may be made by credit card or bank transfer. Please note that presentation time will not be assigned without payment in full.

**Credit Card** payments by **Visa, or MasterCard ONLY:**

**VISA**  **MC**

Cardholder's Name:

Card Number:

Exp. Date:

Signature:

Bank Transfers should be made to:

MIZUHO BANK LTD., Kamiyacho branch, Toranomon 45 MT Bldg,  
5-1-5 Toranomon Minato-ku, Tokyo 105-0001 Japan  
DIA Japan Ordinary Account Number: 1273382  
SWIFT Code: MHCBJPJT

Company name, as well as the Meeting ID 24311 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

The undersigned hereby authorizes DIA to reserve the presentation time during designated slot for use by the above company or organization during the 10th DIA Medical Device Symposium in Japan. DIA reserves the right in its sole and absolute discretion to reject any application that in its judgment does not enhance the purpose of 10th DIA Medical Device Symposium in Japan and its associated Exposition or is in direct competition with DIA. This contract shall be deemed accepted by DIA when received, together with the required payment. However, no contract shall be deemed accepted if the contracting exhibitor has outstanding financial obligations to DIA, of which DIA is aware, for the presentation, or any service(s) provided by DIA.

**Authorized signature**

**Date**

**Luncheon Seminar Contact:**  
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