



DIA's 1st Workshop on Pre-market Evaluation of Quality and Bioavailability

February 2-3, 2009, Scitech Center, Mumbai

February 5-6, 2009, Taj Banjara, Hyderabad

PROGRAM CHAIR

Sultan Ghani
Director
DIA India

Dr. Nandkumar Chodankar
Chair
PACI - India

SPEAKERS

Vilayat A. Sayeed, PhD
Director, Division of Chemistry III
FDA/CDER/OPS/OGD

Dr. Stephanie Parra
Manager of Generic Drugs: Quality Division
Bureau of Pharmaceutical Sciences TPD
Health Canada

Dr. Jan Welink
Senior Pharmacokineticist
Dutch Evaluation Board, The Netherlands

Shereeni Veerasingham, MBBS, PhD
Assessment Officer
Division of Biopharmaceutics Evaluation 2
Bureau of Pharmaceutical Sciences
Therapeutic Products Directorate

Join Representatives from the US FDA, EU, and Health Canada to Discuss the Pre-market Evaluation of Quality and Bioavailability Requirements

This workshop will clarify the approval requirements for drugs developed in India for global markets. You will have the opportunity to participate in the exchange of alternative perspectives from industry, academia, and regulatory professionals.

FEATURED TOPICS

- ◀ Current regulatory requirements for pre-market applications
- Current challenges facing quality and bioavailability
- Deficiencies in drug applications from Indian manufacturers

WHO SHOULD ATTEND

This program will benefit individuals involved in:

- ▶ Regulatory affairs
- ▶ Research and development
- ▶ Quality control
- ▶ Quality assurance
- ▶ Regulatory assessment
- ▶ Outsourcing management/Contract Research Organizations (CRO)
- ▶ Good Clinical Practices (GCP)
- ▶ Chemical Manufacturing & Controls (CMC)
- ▶ Product selection

CONTACT INFORMATION

Conference: Leena Amanna, Phone +91-22-67653226, Fax +91-22-28594543
email: Leena.Amanna@diaindia.org

VISIT WWW.DIAHOME.ORG FOR A COMPLETE SCHEDULE OF EVENTS!

DIA, Unit N0.6, Gayatri Commercial Complex, Behind Mittal Industrial Estate, Andheri Kurla Road, Andheri (E), Mumbai 400 059.

TRAVEL AND HOTEL The most convenient airports are Chattrapathi Shivaji International/Domestic Airport Mumbai and Shamshabad Airport Hyderabad and attendees should make airline reservations as early as possible to ensure availability.

► **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.**

MEETING CONTACT INFORMATION

India Contacts: Ms. Leena Amanna, Operations Manager, DIA (India) Private Limited; Phone: +91-22-6765-3227; Fax: +91-22-2859-4543; Email: Leena.Amanna@diaindia.org; or
Sultan Ghani, Director, DIA (India) Private Limited; Phone: +91-22-6765-3228; Email: Sultan.Ghani@diaindia.org.

EXHIBIT CONTACT INFORMATION: Attendees may visit the exhibits during the meeting and receptions. **For exhibitor information or to receive an exhibit application,** please contact Ms. Leena Amanna, Operations Manager, DIA (India) Private Limited; Phone: +91-22-6765-3227; Fax: +91-22-2859-4543; Email: Leena.Amanna@diaindia.org

CANCELLATION POLICY: On or before JANUARY 20, 2009

Cancellations must be in writing and be received by January 20, 2009. Registrants who do not cancel by that date and do not attend will be responsible for the full registration fee paid. Registrants are responsible for cancelling their own hotel and airline reservations. If the event is cancelled, the organizers are not responsible for any airfare, hotel or other costs incurred by registrants.

Upon cancellation, the administrative fee that will be withheld from refund amount is:

FULL MEETING CANCELLATION (All refunds will be issued in the currency of original payment):

Standard = INR 3,000 • Academia/Government = INR 2,000 • Tutorial = INR 1,000 • Student = INR 500

PLEASE CONSIDER THIS FORM AN INVOICE

1st Workshop on Pre-market Evaluation on Quality and Bioavailability

Meeting I.D. # 09950 – February 2-3, 2009 – Scitech Center, Mumbai, INDIA

Meeting I.D. # 09951 – February 5-6, 2009 – Taj Banjara, Hyderabad, INDIA

You must indicate which workshop you will be attending, by checking a box above.

Registration Fees Registration fee includes refreshment breaks and luncheons and will be accepted by mail, fax, or online.

Be a DIA Member	INR 1,600	<input type="checkbox"/>
► Standard Member Rate	INR 8,400	<input type="checkbox"/>
Total	INR 10,000	<input type="checkbox"/>
► Standard Nonmember	INR 10,000	<input type="checkbox"/>
► Academia/Government	INR 6,000	<input type="checkbox"/>
► Student*	INR 3,000	<input type="checkbox"/>

**A limited number of student registrations are available.*

A student is an undergraduate/graduate who can document enrollment in an accredited, degree granting, academic program. Student registration is by fax or mail ONLY. Please send completed registration form, copy of student identification, and payment.

VENUE

MUMBAI – Meeting I.D. #09950
Scitech Center, 7, Prabhat Center, Joegeshwari (W), Mumbai 400 102.

HYDERABAD – Meeting I.D. #09951
Hotel Taj Banjara, Banjara Hills, Hyderabad.

Register online at www.diahome.org or check payment and submission method below.

CREDIT CARD

Please enter all credit card information requested below, and FAX TO DIA in the USA at **+1-215-442-6199**.

Visa MC Exp Date _____

Card # _____

Name (printed) _____

Signature _____

DEMAND DRAFT/CHEQUE

Completed form, along with draft/cheque made payable to **DIA (India) Private Limited**, should be sent to: **Leena Amanna**, Operations Manager, DIA (India) Private Limited, No. 6, Behind Mittal Industrial Estate, Gayatri Commercial Complex, Andheri Kurla Road, Andheri-east, Mumbai 400059 India, Phone: +91-22-6765-3227

To take advantage of all the benefits of DIA membership, visit www.diahome.org and click on Membership.

Please check the applicable category: Academia Government Industry CRO Student

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name (Family Name) _____ First Name _____ M.I. _____ Degrees Dr. Mr. Ms.

Job Title _____ Affiliation (Company) _____

Address (Please write your address in the format required for delivery to your country.) _____

City _____ State _____ Zip _____ Country _____

Telephone Number _____ Fax Number _____

email (Required for confirmation)

IF FAXING OR MAILING THIS FORM, PLEASE PROVIDE A COPY OF REGISTRANT'S BUSINESS CARD.