



GROUP REGISTRATION FORM

1. The group registration process is valid for a **minimum of 10 delegates**.
2. In order to facilitate your group registration, please fill out this form and return by email to: reg_wip18@kenes.com
3. In order to benefit from the reduced group registration fees, payments must be paid **prior to the below deadlines**.
4. Please send the **final** name list no later than **4 weeks prior** to the Congress. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Congress (up to 15% of the participants names). After this date, any name change will be subject to EUR 30 charge per name.
6. **Onsite group registration pick-up** for groups leaders will be available upon request.
7. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
8. **Cancellation policy:** Refund of registration fee will be as follows:
Note! Refunds for groups will be processed after the Congress.
 - Cancellations received up and including March 13, 2018- Full refund
 - Cancellations received From March 14, 2018 to April 25, 2018 - 50% refund.
 - From April 26, 2018 - No refund.
9. Fees for Congress participants include:
 - Light refreshments between sessions
 - Admission to the scientific sessions
 - World Congress Printed Materials
 - Invitation to the Welcome Reception
 - Entrance to the exhibition

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration fees in EUR:

Fees apply to payments received prior to the indicated deadlines.

Category	Early fee	Late fee	Onsite fee
	Until March 13, 2018	March 14 - April 18, 2018	From April 19, 2018
Full Participants member*	€ 650	€ 750	€ 860
Full Participants Non member	€ 800	€ 900	€ 960
Trainee (Student/Fellow/Nurse)***	€ 300	€ 350	€ 400
Low Middle Countries**	€ 400	€ 500	€ 550
Networking Event Dinner		€ 80	

* **WIP Members:** In order to apply for this category, please ensure your membership is approved and fees are paid for 2018 before you start the registration process. Registration will not be confirmed otherwise.

** **Developing countries:** Defined according to the World Bank Country Classification of Low income and Lower - middle income economies; please [click here](#) to see the Country Classification data.

*** In order to obtain the special fee for **Trainee (Student/Fellow/Nurse)**, an official supportive letter from the institution signed by the head of the department confirming your status, or a valid student ID card must accompany the registration. Please send this documentation after registering to [is reg_wip18@kenes.com](mailto:reg_wip18@kenes.com)

Group Registration Details:

1. Required registration category: _____ No. of Registrations: _____

2. Required registration category: _____ No. of Registrations: _____

3. Required registration category: _____ No. of Registrations: _____

Total Group Participants: _____



Important Note: Abstract Presenters

In case there are Abstract Presenters among the group delegates please advise the names and abstract numbers in advance in order to guarantee the abstract will remain in the Scientific Programme.

Please mark below accordingly:

- There are no abstract presenters in this group
- Attached is a list of the abstract presenters in this group

Group Registration Pick-up

Group registration collective pick-up will be available onsite, an appointment must be coordinated in advance. Exact times will be advised prior to the Congress.

Note: in case of group registration pick-up, individual barcode confirmation letters will not be sent to group participants.

We strongly recommend individual pick-up.

Please mark below accordingly:

- Group registration pick-up is required
- No group pick-up, the delegates will be collecting their registrations individually.

PAYMENT DETAILS

Payment information:

Billing Address (to appear on invoice and receipt): _____

VAT number: _____

This form was submitted by:

Full Name: _____

On Behalf of (company name): _____

Signature: _____ Date _____



Please select a method of payment (credit card or bank transfer):

1. Credit card payment (Credit card payment is subject to additional 4% commission):

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: _____ EUR

Type: Visa / MasterCard / AMEX

Number: _____

Expiration date: _____

Name of Card holder: _____

Address (as per Credit card records): _____

Security digits (on the back of the credit card): _____

Signature of Card Holder: _____

2. Bank Transfer Payment:

- Please ensure that the name of the group/paying company are stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid at source in addition to the registration fees.

Please make drafts payable in EUR only to:

Kenes International (WIP 2018 Congress Dublin)
Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland
Clearing number: 4835
Account number: 693980-52-912
Swift code: CRESCHZZ80A
IBAN number: CH86 0483 5069 3980 5291 2