

GROUP REGISTRATION CONTRACT

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 it by email to: reg_wssfn24@kenes.com
3. Please send the **final** name list no later than **4 weeks prior to the congress**. Please do not send preliminary name lists.
4. Name changes will be permitted free of charge until **2 weeks prior** to the congress (up to 15% of the participant's names). After this date, any name change will be subject to a 30 USD charge per name.
5. **Onsite group registration pick-up** for group leaders will be available upon request.
6. Payment is accepted by credit card or bank transfer. Credit card payment is subject to an **additional 4% commission**.
7. **Cancellation policy:** Refund of registration fee will be as follows:

Note! Refunds for groups will be processed after the congress.

All cancellations must be emailed prior to the below deadlines:

- Cancellations received up to and including July 3, 2024 – full refund
- Cancellations received from July 4 to August 20, 2024 – 50% refund
- Cancellations received from August 21, 2024 – no refund

Fees for participants include:

- Participation in all scientific sessions
- Opening Ceremony and Welcome Reception
- Entrance to the Exhibition
- Refreshments as per times indicated in the program
- Printed Conference materials
- Certificate of attendance (sent via email after the conference)

8. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Fees (in USD) apply to payments received prior to the indicated deadlines.

REGISTRATION CATEGORY	EARLY RATE Until 02.07.24	REGULAR RATE From 03.07.24 until 31.07.24	LATE RATE From 01.08.24
Physician Member	USD 725	USD 825	USD 925
Physician Non-Member	USD 895	USD 995	USD 1,095
*Nurse, Student, Resident, Healthcare Provider - Member	USD 50	USD 95	USD 105
*Nurse, Student, Resident, Healthcare Provider - Non-Member	USD 195	USD 245	USD 295
Professional Participant	USD 950	USD 1,050	USD 1,150

* Nurse, Student, Resident, Healthcare Provide – status must be certified – An official supportive letter from the institution, signed by the head of the department confirming your status, or a valid status ID card must accompany the registration

Group Registration Details:

Pharmaceutical company name: _____

Required registration category: _____ No. of Registrations: _____

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 us of 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.

Data Protection:

- I confirm that prior to transferring Kenes the group delegates contacts, our company has obtained consent from the individuals concerned.

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):

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

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

____ USD. *** Please authorize the full amount, including the 4% credit card fee.

Type: Visa / MasterCard / AMEX

Number: _____ Expiration date: _____

Name of Cardholder: _____ CVC: _____

Signature of Cardholder: _____



Bank Transfer Payment:

- Please ensure that the name of the group/paying company is 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 USD only to:

Account Name: WSSFN 2024 Congress, Chicago IL

Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland

SWIFT No: CRESCHZZ80A

Account Number: 1500934-92-618

IBAN No: CH13 0483 5150 0934 9261 8

**Registration will only be valid upon receipt of the full payment by the registration department according to the deadline indicated. An email confirming registration will only be sent after receipt of the required fees.*

**Outstanding payments will be collected on-site and charged the on-site rate. A copy of the bank transfer (or other proof of payment) will be required in the event that registration fees were not credited to the meeting account on time*