



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_ins24@kenes.com
3. In order to benefit from the 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 30 USD charge per name.
6. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
7. **Cancellation policy:** Refund of registration fee will be as follows:
Note! Refunds for groups will be processed after the Congress.
 - Cancellations received up to and including 14 of Feb 2024 – full refund.
 - Cancellations received from 15 of Feb until 23 of April 2024 (inclusive) – 50% will be refunded.
 - After 24 of April 2024 – no refund will be made.
8. **Fees for all Participants include:**
 - Participation in all scientific sessions.
 - Opening Reception.
 - Access to the Exhibition Area.
 - Refreshments and lunch during the breaks as indicated in the program.
 - Dedicated time and place for Networking.

Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

REGISTRATION CATEGORIES

Registration Fees (USD)

Fees apply to payments received prior to the indicated deadline.

Registration Categories	Early Rate (Until the 13 Feb, 2024)	Regular Rate (From the 14 Feb to 18 Apr, 2024)	Onsite Rate (From the 19 April, 2024)
Full Participants - Non-member	\$ 1025	\$ 1215	\$ 1355
Full Participants - Member	\$ 705	\$ 865	\$ 1005
AHCP/Students/Fellows*	\$ 495	\$ 495	\$ 545
Low and lower middle income countries**	\$ 495	\$ 495	\$ 495
Daily Registration (13/14/15 May)	\$ 325	\$ 355	\$ 355
Daily Registration (Last day - 16 May)	\$ 145	\$ 175	\$ 175
Pre-Conference Registration: 11-12 May 2024			
Full Participant - One day	\$ 400	\$ 435	\$ 470
Full Participant - Two days	\$ 625	\$ 625	\$ 625
AHCP/Students/Fellows* - One day	\$ 325	\$ 325	\$ 325
AHCP/Students/Fellows* - Two days	\$ 490	\$ 490	\$ 490

* In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration process.

** Low & Lower-Middle Income countries are defined according to the World Bank Country Classification of Low income and Lower-middle income economies; [click here](#) to see the Country Classification data.

Group Registration Details:

Pharmaceutical company name - _____

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

Data Protection:

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

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:
_____ USD.

Type: Visa / MasterCard / AMEX

Number: _____

Expiration date: _____

Name of Card holder: _____

Signature of Card Holder: _____

2. 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:

Name: INS 2024 Congress, Vancouver

Bank Address: Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland

Account number: 1500934-92-627

IBAN: CH61 0483 5150 0934 9262 7

Account holder: KENES International