44th Annual Meeting of the International Continence Society

ICS 2014, Rio de Janeiro, 20th - 24th October 2014

GROUP REGISTRATION POLICY AND FORM

In order to facilitate your group registration, please complete this form together with the payment and return by fax to **ICS 2012 Registration Department**, fax: +41 22 906 91 40 or email to: <u>dbloch@kenes.com</u>

In order to benefit from the early registration fees, please ensure the signed form and payment is received **before July 30th, 2014.**

At this stage the name list of delegates is not required; you are welcome to register your group by stating number of participants only, and send us the names no later than **September 19, 2014**. Name changes will be permitted free of charge until **October 6, 2014 (up to 15% of the participants names).** After this date, any name change will be subject to **EUR 30** charge per name.

On site Pre-Registration pick up for groups will be available upon request before the official opening of the Meeting . Groups' representatives are welcome to coordinate a personal meeting with Ms.Daniela Bloch at: <u>dbloch@kenes.com</u>. At this meeting you will receive the registration kits and Meeting bags with the printed Meeting material. We recommend booking this meeting before **October 6, 2014**. Please note that we cannot guarantee the availability of Conference materials for additional on-site registrations.

Cancellation policy:

All cancellations must be faxed or electronically mailed.

Refund of registration fees will be made as follows:

- Cancellations received until August 10, 2014 full refund less 35 USD handling fee.
- Cancellations received between August 11 and September 18, 2014 50% will be refunded.
- $\circ~$ After September 19, 2014 no refund will be made.

Fees for participants (Members and Non-Members) include:

- Entrance to the Meeting sessions and Exhibition
- Annual Meeting publications
- Welcome Reception on Tuesday, 21 October 2014
- Lunches and coffee breaks from Wednesday, 22 October Friday 24 October 2014
- Meeting CME credits
- Abstract and workshops USB stick

Participant fees do not include participation in the Workshops for which additional registration is required.

Fees for Workshops include:

- Admission to the relevant Workshop
- All relevant Workshop material
- Workshop CME credits
- Coffee breaks and lunch on the day of the particular Workshop

Company Signature Date	
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Registration Fees in USD (Fees apply to payments received prior to the deadlines)

Category	Early fee (up to & including	Late fee (July 31 –	On site (from October 13,
	July 30, 2014)	October 12, 2014	2014)
Full Participants – ICS Member*	□ \$ 600	□ \$ 700	□ \$ 800
Local participants – ICS Member*	□ \$ 450	□ \$ 550	□ \$ 650
Full Participants – Non-Member	□ \$ 800	□ \$ 900	□ \$ 995
Nurses / Physiotherapists / Trainees – ICS Member*	□ \$ 350	□ \$ 435	□ \$ 535
ICS Annual Dinner Subject to availability		□ \$100	
Physiotherapists' Round Table & Dinner		□ \$40	
Workshops – Registration for Works	hops is only available to	participants registered for	the Annual Meeting
Workshops – ICS Member*	\$ 50	5 0	5 80

Workshops – ICS Member*	□\$ 50	□ \$ 50	□\$ 80
Workshops – Non-Member	□\$ 90	□\$ 90	□ \$150
Meet the Expert Session		□ \$25	
Nurses' Session		□ \$ 30	
Pelvic Floor Exercise Class		□ \$ 15	

* ICS Members who wish to benefit from the reduced registration rates must have renewed their membership for 2014 before registering for the Annual Meeting. Only valid ICS members as of 13 October 2014 at 00:00:00 (GMT+1) will be entitled to the reduced rate and this is subject to confirmation by the ICS office. To learn more about ICS membership and become an ICS member, please visit <u>www.icsoffice.org</u> and follow the links to the membership page.

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Group Registration details:

No. of registrations required:	Required category:
This form was submitted by:	
Company name:	
Contact person:	
Full Billing Address	
VAT number (mandatory):	
Chosen payment method (Bank trans (Please note that credit card payme commission)	sfer/VISA/AMEX/MC) ents are charged with 4% commission and bank transfer EUR 30
(E-mail):	-
Signature	_
Date	_