



GROUP REGISTRATION POLICY AND FORM

In order to facilitate your group registration, please complete this form together with the payment and return by email to **ICS 2017 Registration Department**: reg_ics17@kenes.com

In order to benefit from the early registration fees, please ensure the signed form and payment is received **before June 13, 2017**.

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 **August 10, 2017**. Name changes will be permitted free of charge until **August 23, 2017 (up to 15% of the participants names)**. After this date, any name change will be subject to **Euro 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 the Registration Specialist at: reg_ics17@kenes.com . At this meeting you will receive the registration kits and Meeting bags with the printed Meeting material. We recommend booking this meeting before, further details will be given prior to the meeting. Please note that we cannot guarantee the availability of Meeting materials for additional on-site registrations.

Cancellation policy:

All cancellations must be sent by email:

- Cancellations received up and including June 15, 2017 - full refund
- Cancellations received between June 16 to September 3, 2017 - 50% will be refunded
- From September 4, 2017 - no refund will be made

Refunds will be done only after the Meeting.

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

- * Entrance to the Meeting sessions and Exhibition
- * Annual Meeting publications
- * Coffee breaks and refreshments
- * Meeting CME credits
- * Welcome Reception
- * Entrance to Workshops and additional sessions - Please note only participants registered to the Annual Meeting will be entitled to register for workshops and additional sessions

Fees for Workshops include:

- * Admission to the relevant Workshop
- * All relevant Workshop material
- * Coffee breaks on relevant day



Leading Continence Research and Education

International Continence Society 47th Annual Meeting 12-15 September www.ics.org/2017



Group registration form

Registration Fees in Euro (Fees apply to payments received prior to the deadlines)

Category	Early fee (up to & including June 13, 2017)	Regular fee (June 14 – September 3, 2017)	On site (from September 4, 2017)
Full Participants – ICS Member*	<input type="checkbox"/> € 600	<input type="checkbox"/> € 700	<input type="checkbox"/> € 800
Full Participants – Non-Member	<input type="checkbox"/> € 800	<input type="checkbox"/> € 900	<input type="checkbox"/> € 995
Nurses / Trainees/Early career professionals** – ICS Member*	<input type="checkbox"/> € 280	<input type="checkbox"/> € 370	<input type="checkbox"/> € 470
Nurses / Trainees/Early career professionals** – Non-Member	<input type="checkbox"/> € 350	<input type="checkbox"/> € 435	<input type="checkbox"/> € 540

*Delegates who wish to benefit from the reduced ICS membership registration rates must have renewed their membership or joined for 2017 by 3 September 2017 at 23:59 BST (GMT+1). ICS Membership is subject to confirmation by the ICS office.

**Early career professional refers to all disciplines who have graduated or completed their education in their speciality field within the last 5 years.

Group Registration details:

No. of registrations required: _____ Required category: _____

Pharmaceutical company: _____

This form was submitted by:

Company name: _____.

Contact person: _____.

Full Billing Address: _____



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Payment methods:

1. Payment by Credit card:

- Credit card payment is subject to additional 4% commission
- Type: Visa, MasterCard or American Express

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

Credit Card details to be charged:

Number: _____

Expiration date: _____

Name of Card holder: _____

Address: (as per Credit card records): _____

Telephone number: _____

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

Signature of Card Holder: _____

2. Payment by Bank Transfer:

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

Please make drafts payable in Euro to:

Account Name: ICS 2017 Congress Florence

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

Account Number: 693980-52-856

IBAN Number: CH46 0483 5069 3980 5285 6

Bank Code: 4835, Swift No: CRESCHZZ12A