



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_ics18@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 **August 1, 2018**. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Meeting (up to 15% of the participants names). After this date, any name change will be subject to USD 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 June 13, 2018 – full cancellation will apply
 - Cancellations received between June 14 and August 20, 2018 – 50% will be refunded
 - After August 21, 2018 – no refund will be made.
 - No refund will be made for ICS membership fees should a delegate wish to cancel their registration at any point
9. Fees for Congress participants include:
 - Entrance to the Meeting sessions and Exhibition
 - Annual Meeting publications
 - Light lunch & Coffee breaks
 - Meeting CME credits (application pending)
 - 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

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Fees apply to payments received prior to the indicated deadlines.

	Early Bird Until June 13, 2018	Regular June 14 - August 21, 2018	Onsite from August 22, 2018
Full Participants – ICS Member*	\$720	\$820	\$900
Full Participants – Non Member	\$900	\$990	\$1100
Nurses / Physiotherapists / Early Career Professionals** – ICS Member*	\$350	\$450	\$550
Nurses / Physiotherapists / Early Career Professionals** – ICS Non Member	\$420	\$520	\$620
Corporate Rate	\$1200		

*ICS Member prices are available to delegates who have joined or renewed their ICS membership for 2018

**Concession prices are available to Nurses, Physiotherapists or Early Career Professionals (professionals of all disciplines who have graduated or completed their education in their specialty field within the last 5 years or are currently training)

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



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 Meeting.

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: _____

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 USD only to:

Account name: ICS 2018 Congress, Philadelphia (Account holder: Kenes International)

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

Clearing number: 4835

Account number: 693980-52-976

Swift code: CRESCHZZ80A

IBAN number: CH07 0483 5069 3980 5297 6