

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_ics19@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 5, 2019**. 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 30 EUR 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 Meeting.

- Cancellations received until June 26, 2019 – full refund.
- Cancellations received between June 27 and August 21, 2019 – 50% will be refunded.
- After August 22, 2019 – 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 Meeting 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

Fees for Workshops include:

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

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 25, 2019	Regular June 26 - August 27, 2019	Onsite from August 28, 2019
Full Participants – ICS Member*	€620	€720	€820
Full Participants – Non Member	€820	€920	€995
Full Participants + ICS Membership	€700	€800	€900
Nurses / Physiotherapists / Early Career Professionals** – ICS Member*	€300	€380	€480
Nurses / Physiotherapists / Early Career Professionals** – ICS Non Member	€370	€450	€550
Nurses / Physiotherapists / Early Career Professionals + ICS Membership	€360	€440	€540
Corporate Rate	€1100		

*ICS Member prices are available to delegates who have joined or renewed their ICS membership for 2019

**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.

Data Protection:

- ☐ **I confirm that the group delegates whose names we will share with Kenes for the purpose of registration to the event, have agreed to this data share and its purpose**

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 EUR only to:

Account Name: ICS 2019 Congress , Gothenburg (Account holder: Kenes International)

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

Account Number: 1500934-92-132

IBAN Number: CH40 0483 5150 0934 9213 2

Bank Code: 4835, Swift No: CRESCHZZ80A