



**GROUP REGISTRATION CONTRACT**

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 it by email to: [reg\\_attdasia@kenes.com](mailto:reg_attdasia@kenes.com)
3. In order to benefit from the reduced group registration fees, payments must be made **prior to the below deadlines**.
4. Please send the **final** name list no later than **4 weeks prior to the Meeting**. 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 participant's names). After this date, any name change will be subject to a 30 USD charge per name.
6. **Onsite group registration pick-up** for group leaders will be available upon request.
7. Payment is accepted by credit card or bank transfer. Credit card payment is subject to an **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 up and including August 28, 2024: full refund.
- Cancellations received between August 29, until October 5, 2024: 50% refund.
- Cancellations received from October 6, 2024: no refund.

9. **Fees for participants include:**

- Participation in all scientific sessions.
- Opening Ceremony and Welcome Reception.
- Access to Exhibition Area.
- Refreshments during the coffee breaks as indicated in the program.
- Dedicated time and place for Networking.

10. **Please fill in the below information:**

Company (Group Name): \_\_\_\_\_

Booking Agency (if relevant): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



### REGISTRATION CATEGORIES

Fees (in USD) apply to payments received prior to the indicated deadlines.

| Registration Category                   | EARLY RATE<br>UNTIL August 27, 2024 | REGULAR RATE<br>August 28 - October 29, 2024 | ONSITE RATE<br>FROM October 30, 2024 |
|---|-------------------------------------|--|--------------------------------------|
| Full participant                        | \$ 465                              | \$ 565                                       | \$ 625                               |
| Students/Fellows/<br>Nurses/Dietitians* | \$ 215                              | \$ 265                                       | \$ 315                               |

**\*Proof of Student status is mandatory** – In order to benefit from the special fee, a submission of your status confirmation (official letter signed by the Head of Department – hospital, company or academic institution which confirms the status of the applicant) or copy of your status ID) must be uploaded during the online registration.

#### **Group Registration Details:**

**Pharmaceutical company name -** \_\_\_\_\_

1. Required registration category: \_\_\_\_\_ No. of Registrations: \_\_\_\_\_

2. 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 Program.

#### **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 prior to transferring Kenes the group delegates contacts, our company has obtained consent



from the individuals concerned.

### PAYMENT DETAILS

#### Payment information:

Billing Address (to appear on invoice and receipt): \_\_\_\_\_

VAT number: \_\_\_\_\_

#### Please select a method of payment (credit card or bank transfer):

##### 1. Credit card payment (Credit card payment is subject to an additional 4% commission):

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

\_\_\_\_\_ EUR. \*\*\* Please authorize the full amount, including the 4% credit card fee.

Type:  Visa /  MasterCard /  AMEX

Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ CVC: \_\_\_\_\_

**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 EUR only to:

Account name: **ATTD-ASIA 2024 Congress, Singapore**

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

Clearing number: 4835

Account number: 1500934-92-646

Swift code: CRESCHZZ80A

IBAN number: CH33 0483 5150 0934 9264 6