

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_iap24@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 **4 weeks prior to the hybrid Congress**. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the hybrid congress (up to 15% of the participants names). After this date, any name change will be subject to 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 hybrid congress.

All cancellations must be emailed prior to the below deadlines. Refund of the registration fee will be as follows:

Note, in case of cancellation at any stage, Bank transfer handling fee (30 USD) will not be refunded – applicable to Bank Transfer payments only.

- Cancellations received until and including July 9, 2024 – Full refund.
- Cancellations received between July 9, 2024, to September 17, 2024- 50% refund.
- From September 18, 2024 – No refund

9. FEES FOR IN-PERSON PARTICIPANTS INCLUDE:

- Participation in all scientific sessions (except the Workshops)
- Symposium Material
- Access to the Exhibition area
- Refreshments as indicated in the scientific programme.
- Welcome Reception

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.

• **Onsite participation:**

Category	Early Fee Until July 9, 2024	Regular Fee From July 9, 2024 To September 17, 2024	Late Fee From September 18, 2024
IAP Member*	\$450	\$580	\$670
Non-member	\$630	\$770	\$860
Resident***	\$210	\$250	\$365
LATAM Discounted Rate** IAP Member*	\$450	\$580	\$670
LATAM Discounted Rate** IAP Non-Member	\$500	\$620	\$720

* **IAP members:** In order to apply for this category, please ensure your membership is approved before you start the registration process.

** **LATAM countries:** Defined according to the World Bank Country Classification. [Click here](#) to see the Country Classification data or [here](#).

*** **Resident/Student:** An official letter of the institution (PDF format), originally stamped and signed by the head of the department confirming this status must be uploaded during the registration process/A copy of your Nurse, AHP ID must be uploaded during the registration process.

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: _____

4. Required registration category: _____ No. of Registrations: _____

5. 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 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 hybrid congress.

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 Congresses' to charge the below credit card for the amount of: _____ USD. *** 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 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.
- Registration will only be valid upon receipt of the full payment by the registration department according to the deadline indicated. An email confirming registration will only be sent after receipt of the required fees.
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Please make drafts payable in **USD** only to:

Account name IAP 2024 Congress, Cancun
Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Bank Code: 4835
Swift No: CRESCHZZ80A
Account Number: 1500934-92-590
IBAN CH90 0483 5150 0934 9259 0

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