



GROUP REGISTRATION CONTRACT

1. The group registration process is valid for a **minimum of 10 delegates**. A **10%** group discount will be applicable for groups of **30 or more**.
2. In order to facilitate your group registration, please fill out this form and return by email to: reg_wsavar23@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 congress**. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the 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 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 until and including January 19, 2023– full refund.
- Cancellations received between January 20, 2022, until February 1, 2022 – 50% will be refunded.
- As of February 2, 2022– no refund will be made.

9. Fees for participants include:

- Entrance to all scientific sessions
- Access to the exhibition area
- Invitation to the Opening Ceremony
- Refreshments as per program
- Congress materials

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

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

Category	Early rate Until January 18, 2023	Regular rate January 19 – Onsite
Full Participant	\$ 200	\$ 250
Student *	\$ 135	\$ 180

*Proof of Student is mandatory – In order to benefit from the special fee, a submission of your status confirmation (approval letter signed by the Head of Department or copy of your status ID) must be presented during the 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 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 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: _____

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:

USD _____ *** Please authorize the full amount, including the 4% credit card fee.

Type: Visa / MasterCard / AMEX

Number: _____ Expiration date: _____

Name of Card holder: _____ 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.

Please make drafts payable in USD only to:

Account Name: WSAVA 2023 Regional, India

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

Account Number: 1500934-92-475

IBAN Number: CH91 0483 5150 0934 9247 5

Bank Code: 4835

Swift No: CRESCHZZ80