

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_wcn23@kenes.com
- Please send the <u>final</u> name list no later than 4 weeks prior to the Congress. Please do not send preliminary name lists.
- 4. 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 EUR charge per name.
- 5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4%** commission.
- 6. 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 July 24, 2023 full refund
- Cancellations received between July 25 and September 26, 2023 50% will be refunded
- As of September 27, 2023 no refund will be made

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

7. What the registration fees includes:

In-Person (Onsite) congress Package for Participants

The WCN 2023 Congress will offer you a full hybrid experience and the opportunity to take part in every aspect of the congress including:

- Participation in all scientific sessions
- Printed material of the congress
- An invitation to the Welcome Reception
- Entrance to the Exhibition and Poster Area
- Congress refreshments as per breaks indicated in the program
- Open access to the WCN 23 Virtual Platform where participants will be able to view presentations and session recordings whenever and wherever they choose during the congress days, virtually network with colleagues and access e-posters.



Online (Virtual) congress Package for Participants

The WCN 23 congress will offer you a full virtual experience and the opportunity to take part in every aspect of the program including:

- Open access to presentations and session recordings. Create your own schedule, and attend any and all of the sessions whenever and wherever you choose during the congress days.
- Network with colleagues. Browse a list of participants and click on their names to contact them.
- Access all the e-posters.
- Join the debate. During live-streamed or recorded sessions, participate in live conversations with delegates from all over the world.
- Visit the virtual exhibition hall. Journey through the exhibition booths, explore the displayed materials, contact exhibitors directly, and chat with other visitors.

8. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant):	

Email: _____

REGISTRATION CATEGORIES

Registration fees (USD).

Contact Person

Fees apply to payments received prior to the indicated deadlines.

Registration Category	Early rate Until July 25, 2023	Regular rate From July 26 - September 26, 2023	Onsite rate From September 27, 2023	
IN-PERSON (Onsite) Participation				
Full Participants High income**	\$ 770	\$ 880	\$ 990	
Full Participant Middle Income Countries**	\$ 450	\$ 500	\$ 600	
Full Participant Low Income Countries**	\$ 160	\$ 160	\$ 160	
Allied Health Professionals	\$ 450	\$ 450	\$ 550	
Allied Health Professionals Low & Lower-middle income countries**	\$ 350	\$ 350	\$ 400	
Residents/Fellows*	\$ 450	\$ 450	\$ 550	
Residents/Fellows* Low & Lower-middle income countries**	\$ 350	\$ 350	\$ 400	
Student*	\$ 200	\$ 200	\$ 250	
Students* Low & Lower-middle income countries**	\$ 100	\$ 100	\$ 300	

Registration Category	Early rate Until July 25, 2023	Regular rate From July 26 - September 26, 2023	Onsite rate From September 27, 2023	
ONLINE (Virtual) Participation Only				
Full Participant	\$ 400	\$ 400	\$ 450	
Full Participant Low & Lower-middle income countries	\$ 100	\$ 100	\$ 100	
Residents/Fellows*	\$ 300	\$ 300	\$ 350	
Residents/Fellows* Low & Lower-middle income countries**	\$ 100	\$ 100	\$ 100	
Allied Health Professionals	\$ 300	\$ 300	\$ 350	
Allied Health Professionals Low & Lower-middle income countries**	\$ 100	\$ 100	\$ 100	
Student*	Free	Free	Free	

* **Countries** – are defined according to the World Bank Country Classification click here to see the Country Classification data.

** Allied Health Professionals (Students/Residents/Fellows/Nurses/Physiotherapy/Speech therapy) – status must be certified – An official supportive letter from the institution, signed by the head of the department confirming your status, or a valid status ID card must accompany the registration.

Allied Health Professionals from Low Middle countries must submit a copy of their passport in addition to the status certificate. Please make sure you have all documents during the online registration.

Group Registration Details:

NCN 2023

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 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:

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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: _____ 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 congress and of the Group is stated on the bank transfer.
 - Bank charges are the responsibility of the participant and should be paid at the 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.
 - Outstanding payments will be collected on-site and charged the on-site rate. A copy of the bank transfer (or other proof of payment) will be required in the event that registration fees were not credited to the congress account on time.

Please make drafts payable in USD only to:

Account Name: WCN 2023 Congress, Montreal Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland Bank Code: 4835 Swift No: CRESCHZZ80A Account Number: 1500934-92-528 IBAN Nº: CH18 0483 5150 0934 9252 8