

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_ifsoapc25@kenes.com
3. In order to benefit from the 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 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 participants names). After this date, any name change will be subject to 30 USD charge per name.
6. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
7. **Cancellation policy:** Refund of registration fee will be as follows:
Note! Refunds for groups will be processed after the Meeting.

All cancellations must be faxed or electronically mailed. Refund of the registration fee will be as follows:

- Cancellations received up and including December 4 2024: full refund.
 - Cancellations received between December 5 2024 until and including January 30 2025 : 50% refund.
 - Cancellations received from January 31 2025 : no refund.
8. **Fees for all Participants include:**
 - Participation in all scientific sessions
 - Entrance to the Exhibition
 - Refreshments as per times indicated in the program
 - Certificate of attendance (sent via email after the conference)
 - Pre – congress workshop

Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

REGISTRATION CATEGORIES

Registration Fees (USD)

Fees apply to payments received prior to the indicated deadline.

CATEGORY	EARLY RATE (until and including December 3 2024)	REGULAR RATE (from December 4 2024 until and including January 29 2025)	ONSITE RATE (from January 30 2025)
Member of IFSO	225 USD	250 USD	300 USD
Non Member of IFSO	275 USD	300 USD	350 USD
Integrated Health, Resident and Surgeons (below 35 years old)	90 USD	100 USD	150 USD

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 Program.

Please mark below accordingly:

- There are no abstract presenters in this group
- Attached is a list of the abstract presenters in this group

Data Protection:

- I confirm that prior to transferring Kenes the group delegates contacts, our company has obtained consent from the individuals concerned.**

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.

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):

Credit card payment (Credit card payment is subject to additional 4% commission):

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 USD only to:

Account Name: IFSO-APC 2025 Congress Mumbai

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

Account Number: 1500934-92-660

IBAN Number: CH43 0483 5150 0934 9266 0

Bank Code: 4835

Swift No: CRESCHZZ80A