

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_ifsomenac24@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 euros 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 1 August 2024: full refund.
 - Cancellations received between 2 August 2024 until 16 November 2024: 50% refund.
 - Cancellations received from 17 November 2024: 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)

Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration Fees (EURO and Egyptian Pounds)

Fees apply to payments received prior to the indicated deadline.

CATEGORY	EARLY BIRD (until 15 NOVEMBER 2024)	REGULAR RATE (from 16 NOVEMBER 2024)
Member of IFSO GOSS PASMBS ESBS	150€	250€
Non Member of IFSO GOSS PASMBS ESBS	250€	350€
Integrated Health, Residents and Students	50€	80€
Egyptian * Members	1500 E£	1500 E£
Egyptian * Integrated Health, Residents, Students	500 E£	500 E£

***Egyptian participants:** Please complete your online registration, payment in Egyptian Pounds should be paid in cash **ONLY** onsite.

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):

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

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

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 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 EUROS only to:

Account name: IFSO CM 2024 Cairo, Egypt

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

Clearing number: 4835

Account number: 1500934-92-664

Swift code: CRESCHZZ80A

IBAN number: CH32 0483 5150 0934 92664