



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_adpd24@kenes.com.
3. In order to benefit from the reduced 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 conference**. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the conference (up to 15% of the participants names). After this date, any name change will be subject to 30 EUR 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:**

All cancellations must be emailed **before the deadlines below** to reg_adpd24@kenes.com.

Refund of registration fees will be as follows:

- Cancellations received up and including December 7, 2023 – full refund
- Cancellations received from December 8, 2023 until February 14, 2024 – 50% will be refunded
- After February 15, 2024 – no refund will be made

REGISTRATION CATEGORIES

Fees apply to payments received prior to the indicated deadlines.



Registration category	Early rate Until December 6, 2023		Regular rate From December 7, 2023 - February 14, 2024		Onsite rate From February 15, 2024	
	Regular Track	Gold Track	Regular Track	Gold Track	Regular Track	Gold Track
In-person (Onsite) Participation						
Full participant	€ 850	€ 950	€ 915	€ 1,015	€ 1,030	€ 1,130
Low & Lower-middle income countries *	€ 570	€ 670	€ 670	€ 770	€ 720	€ 820
Trainee **(Student/Nurse/Fellow)	€ 400	€ 500	€ 450	€ 550	€ 500	€ 600
Online (Virtual) Participation Only						
Full participant	€ 400	€ 500	€ 400	€ 500	€ 450	€ 550
Trainee **(Student/Nurse/Fellow)	€ 300	€ 400	€ 300	€ 400	€ 350	€ 450

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 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 conference.

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 Conferences' to charge the below credit card for the amount of: _____ EUR. *** Please authorize the full amount, including the 4% credit card fee.

Type: Visa / MasterCard / AMEX number: _____

Expiration date: _____ Name of Card holder: _____

CVC: _____

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.
- By Bank Transfer: (Additional 30 EUR handling fee is required)

Please make drafts payable in EUR only to:

Account Name: AD/PD 2024 Conference, Lisbon (Account holder: KENES INTERNATIONAL) Bank details: CREDIT SUISSE (Switzerland) Ltd.

Bank Code: 4835 Swift No: CRESCHZZ80A Account Number: 1500934-92-583 IBAN No: CH8504835150093492583