



### **GROUP REGISTRATION CONTRACT**

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 it by email to: [reg\\_auto24@kenes.com](mailto:reg_auto24@kenes.com)
3. Please send the **final** 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 participant's names).  
After this date, any name change will be subject to a 30 EUR charge per name.
5. **Onsite group registration pick-up** for group leaders will be available upon request.
6. Payment is accepted by credit card or bank transfer. Credit card payment is subject to an **additional 4% commission**.
7. **Cancellation policy**: Refund of registration fee will be as follows:

**Note! Refunds for groups will be processed after the congress.**

All cancellations must be emailed prior to the below deadlines:

- Cancellations received up to and including February 14, 2024 – full refund
- Cancellations received from February 15 to April 29, 2024 – 50% refund
- Cancellations received from April 30, 2024 – no refund

#### **Fees for participants include:**

- Participation in scientific sessions
- Entrance to the exhibition
- Invitation to the opening ceremony and welcome reception
- Refreshments during program break times
- Certificate of attendance (sent via email after the congress)

#### **8. Please fill in the below information:**

Company (Group Name): \_\_\_\_\_

Booking Agency (if relevant): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_



## REGISTRATION CATEGORIES

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

CATEGORY	EARLY RATE 13 February 2024	REGULAR RATE From 14 February until 16 April 2024	ONSITE RATE From 17 April 2024
Full Participant	€ 690	€ 790	€ 890
Trainee (Students/Fellows/Nurses)*	€ 430	€ 480	€ 530
Function			
Academy of Autoimmunity	€ 100	€ 100	€ 130
X-Ray (Imaging) in autoimmune rheumatic diseases workshop	€ 70	€ 70	€ 100
Ultrasound in autoimmune rheumatic diseases workshop	€ 70	€ 70	€ 100

\* Trainee (Student/Fellow/Nurse) – 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

### Group Registration Details:

Pharmaceutical company name: \_\_\_\_\_

Required registration category: \_\_\_\_\_ No. of Registrations: \_\_\_\_\_

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 us of 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):**

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

I authorize 'KENES International – Organizers of Congresses' 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: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_



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 EUR only to:

Account Name: Autoimmunity 2024 Congress, Slovenia

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

Bank code: 4835

SWIFT No: CRESCHZZ80A

Account Number: 1500934-92-585

IBAN No: CH31 0483 5150 0934 9258 5