



### GROUP REGISTRATION FORM

1. The group registration process is valid for a **minimum of 10 delegates/participants**.
2. In order to facilitate your group registration, please fill out this form and return by email to: [reg\\_wsc24@kenes.com](mailto:reg_wsc24@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 Congress**. Please do not send preliminary name lists.
5. **Onsite group registration pick-up** for groups leaders will be available upon request.
6. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
7. **Cancellation policy:** All cancellations must be electronically mailed to [reg\\_wsc24@kenes.com](mailto:reg_wsc24@kenes.com)  
Refund of registration fee will be as follows:
  - Cancellations received up and including 7 August, 2024 – Full refund
  - Cancellations received between 8 August, 2024 until 2 October, 2024 – 50% will be refunded.
  - Cancellations received from 3 October, 2024 – 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. You can check the cancellation policy [here](#).

#### 8. Registration fees:

##### **Fees for onsite category include:**

- Participation in all scientific sessions
- All printed Congress materials
- An invitation to the Welcome Reception that follows the Opening Ceremony
- Entrance to the Exhibition
- Coffee breaks as per times scheduled in the scientific program
- Access to sessions recordings on demand for 3 months after the Congress

##### **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 Deadline Until 23 July 2024	Regular Deadline From 24 July until 1 October, 2024	Onsite Deadline From 2 October, 2024
Full Participants Non member A*	\$ 770	\$ 880	\$ 990
Become a WSO member and benefit from reduced member rates			
Full Participants Non member B*	\$ 440	\$ 605	\$ 660
Become a WSO member and benefit from reduced member rates			
Full Participants member A*	\$ 550	\$ 715	\$ 825
Full Participants member B*	\$ 330	\$ 490	\$ 550
Allied Health Professionals, Nurses, Young Scientists A**	\$ 330	\$ 395	\$ 450
Allied Health Professionals, Nurses, Young Scientists B**	\$ 110	\$ 165	\$ 220
Members of Stroke Support Organizations ***	\$ 100	\$ 100	\$ 100
Students ****	\$ 150	\$ 150	\$ 150
FLEX	\$ 50	\$ 50	\$ 50
Teaching courses	\$ 10	\$ 10	\$ 10

\*Country Classification is defined according to the 'World Bank'. Click [here](#) for more information on the Country Classification data according to the World Bank website.

Category A – High & Upper middle income countries

Category B – Low & Lower-middle income countries

\*\*Allied Health Professionals, Nurses, Young Scientists – in order to benefit from the special fee, a submission of your status confirmation (approval letter signed by the Head of Department or copy of your status ID) must be uploaded during the online registration.

\*\*\* Strictly refers to non-physician/lay-person members of SSOs. AHPs are kindly asked to register at the Allied Health Professionals, Nurses, Young Scientists rate.

\*\*\*\* The selected registration category “Students” requires a proof of status. Please upload a copy of your valid student ID, or a letter written in English from your head of department confirming your status as a student . Registrations with invalid proof documents will be cancelled.

FLEX Want to attend in-person, but concerned your ability to travel may change? Purchase Flex with your In-Person



registration for the freedom to convert to Online registration any time before the meeting and receive a refund of the difference in fees.

**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 pick up:**

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: \_\_\_\_\_ USD.

Type: Visa / MasterCard / AMEX

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name of Card holder: \_\_\_\_\_

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

**2. Bank Transfer Payment:**

- Additional 30 USD handling fee is required.
- 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: WSC 2024, Congress. Abu Dhabi**

**Bank details: Credit Suisse Bank, Rue François-Versonnex 7, 1207, Geneva, Switzerland.**

**Account number: 1500934-92-648**

**Swift code: CRESCHZZ80A**

**IBAN number: CH76 0483 5150 0934 9264 8**

*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 meeting account on time.*