

GROUP REGISTRATION POLICY AND FORM

In order to facilitate your group registration, please complete this form together with the payment and return by fax to **ICS 2015 Registration Department, fax: +41 22 906 91 40** or email to: yrijinsky@kenes.com

In order to benefit from the early registration fees, please ensure the signed form and payment is received **before July 15th, 2015**.

At this stage the name list of delegates is not required; you are welcome to register your group by stating number of participants only, and send us the names no later than **September 07, 2015**. Name changes will be permitted free of charge until **September 20, 2015 (up to 15% of the participants names)**. After this date, any name change will be subject to **USD 30** charge per name.

On site Pre-Registration pick up for groups will be available upon request before the official opening of the Meeting . Groups' representatives are welcome to coordinate a personal meeting with Mrs. Yulia Rijinsky at: yrijinsky@kenes.com. At this meeting you will receive the registration kits and Meeting bags with the printed Meeting material. We recommend booking this meeting before **September 10, 2015**.

Please note that we cannot guarantee the availability of Conference materials for additional on-site registrations.

Cancellation policy:

All cancellations must be faxed or electronically mailed.

Refund of registration fees will be made as follows:

- Cancellations received until July 15, 2015 – full refund less 35 USD handling fee.
- Cancellations received between July 16 and August 15, 2015 – 50% will be refunded.
- After August 16, 2015 – no refund will be made.

Refunds will be done only after the Congress

Fees for participants (Members and Non-Members) include:

- Entrance to the Meeting sessions and Exhibition
- Annual Meeting publications
- Welcome Reception on Tuesday, 6 October 2015
- Lunches and coffee breaks from Wednesday, 7 October - Friday 9 October 2015
- Meeting CME credits
- Abstract and workshops USB stick

Participant fees do not include participation in the Workshops for which additional registration is required.

Fees for Workshops include:

- Admission to the relevant Workshop
- All relevant Workshop material
- Workshop CME credits
- Coffee breaks and lunch on the day of the particular Workshop

Company _____ Signature _____ Date _____.



Group registration form

Registration Fees in USD (Fees apply to payments received prior to the deadlines)

Category	Early fee (up to & including July 15, 2015)	Late fee (July 16 – September 30, 2015)	On site (from October 1, 2015)
Full Participants – ICS Member*	<input type="checkbox"/> \$ 595	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 795
Local participants EARLY FEE ONLY	<input type="checkbox"/> \$ 595		
Full Participants – Non-Member	<input type="checkbox"/> \$ 795	<input type="checkbox"/> \$ 895	<input type="checkbox"/> \$ 995
Nurses / Physiotherapists / Trainees – ICS Member*	<input type="checkbox"/> \$ 275	<input type="checkbox"/> \$ 365	<input type="checkbox"/> \$ 465
Nurses / Physiotherapists / Trainees – Non-Member	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 435	<input type="checkbox"/> \$ 535
ICS Annual Dinner <i>Subject to availability</i>		<input type="checkbox"/> \$ 110	
Physiotherapists' Round Table		<input type="checkbox"/> \$ 20	
Workshops – Registration for Workshops is only available to participants registered for the Annual Meeting			
Workshops – ICS Member*	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 75
Workshops – Non-Member	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 100
Pelvic Floor Exercise Class		<input type="checkbox"/> \$ 15	

* ICS Members who wish to benefit from the reduced registration rates must have renewed their membership for 2015 before registering for the Annual Meeting. Only valid ICS members as of 30 September 2015 at 23:59 (GMT+1) will be entitled to the reduced rate and this is subject to confirmation by the ICS office. To learn more about ICS membership and become an ICS member, please visit www.icsoffice.org and follow the links to the membership page.



ICS 2015, Montreal

6th - 9th October 2015

Group Registration details:

No. of registrations required: _____ Required category: _____

Pharmaceutical company: _____

This form was submitted by:

Company name: _____.

Contact person: _____.

Full Billing Address _____

_____.

VAT number (**mandatory**): _____

Chosen payment method (Bank transfer/VISA/AMEX/MC) _____

(Please note that credit card payments are charged with 4% commission and bank transfer USD 30 commission)

(E-mail): _____

Signature _____

Date _____

- * Account Name - ICS 2015 Congress, Montreal (account holder: Kenes International)
- * Bank details - Credit Suisse Geneva, 1211 Geneva 70, Switzerland
- * Bank Code - 4835, Swift No: CRESCHZZ80A
- * Account Number - 693980-52-641
- * IBAN No - CH31 0483 5069 3980 5264 1