



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_ipvc24@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 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 GBP 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 Conference.

- Cancellations received up and including July 24, 2024: full refund.
- Cancellations received between July 25, 2024, until Tue, Oct 22, 2024: 50% will be refunded.
- Cancellations received from Oct 23, 2024: no refund will be made.

8. Fees for IN-PERSON Attendance experience include:

Participation in all scientific sessions.

Networking Events as Opening Ceremony and Welcome Reception.

Access to the Exhibition Area.

Refreshments as indicated in the program.

Earning CME credits.

Discounted rates for the PACC Lectures

and hands-on workshop.

Participation in industry sessions and the latest research and technology.

Access to on-demand content for 3 months after the conference

9. On-Demand Fees Include:

- Access to recorded scientific sessions as many times as you wish.
- Earning CME credits on attending on-demand sessions.
- Access to industry sessions and the latest research and technology, if recorded and when available.
- 24/7 unrestricted access to the on-demand content for 3 months after the conference.



Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

REGISTRATION CATEGORIES

Please keep in mind that **all REGISTRATION FEES** are in **GBP**.

To complete your registration, please visit our registration page: <https://ipvconference.org/registration/>

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 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):

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

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 GBP only to:

IPVC 2024 Congress, Edinburgh
Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Clearing number: 4835
Account Number: 1500934-92-613
Swift No: CRESCHZZ80A
IBAN No: CH51 0483 5150 0934 9261 3