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_wsc18@kenes.com

3. In order to benefit from the reduced group 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. Name changes will be permitted free of charge until 2 weeks prior to the Congress (up to 15% of the participants’ names). After this date, any name change will be subject to USD 30 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: Refund of registration fee will be as follows:

   Note! Refunds for groups will be processed after the Congress.
   - Cancellations received up and including July 3, 2018 – full refund
   - Cancellations received between July 4 and October 4, 2018 – 50% will be refunded
   - After October 5, 2018 – no refund will be made

9. Fees for all Congress participants include:
   - Participation in all scientific sessions
   - All printed Congress materials
   - An invitation to the Network Reception that follows the Opening Ceremony
   - Entrance to the Exhibition
   - Coffee breaks as per times scheduled in the scientific program

10. Please fill in the below information:

    Company (Group Name): __________________________________________

    Booking Agency (if relevant): ______________________________________

    Contact Person: _________________________________________________

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Early until July 03, 2018</th>
<th>Regular July 04 – October 03, 2018</th>
<th>Onsite from October 04, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSO Member – Group A</td>
<td>$ 500</td>
<td>$ 650</td>
<td>$ 750</td>
</tr>
<tr>
<td>WSO Member – Group B</td>
<td>$ 300</td>
<td>$ 450</td>
<td>$ 500</td>
</tr>
<tr>
<td>Non Member – Group A</td>
<td>$ 700</td>
<td>$ 800</td>
<td>$ 900</td>
</tr>
<tr>
<td>Non Member – Group B</td>
<td>$ 400</td>
<td>$ 550</td>
<td>$ 600</td>
</tr>
<tr>
<td>Allied Health Professionals (Nurses/Young Scientists) – Group A*</td>
<td>$ 300</td>
<td>$ 360</td>
<td>$ 410</td>
</tr>
<tr>
<td>Allied Health Professionals (Nurses/Young Scientists) – Group B*</td>
<td>$ 100</td>
<td>$ 150</td>
<td>$ 200</td>
</tr>
<tr>
<td>Members of Stroke Support Organizations**</td>
<td></td>
<td></td>
<td>$ 50</td>
</tr>
</tbody>
</table>

* Allied Health Care Professional: Refers to Nurse/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 provided during the registration.

** Strictly refers to non-physician/lay-person members of SSOs
Please check the exact list of countries under group A and Group B [here](#).

**Group Registration Details:**

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.

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**PAYMENT DETAILS**

**Payment information:**

Billing Address (to appear on invoice and receipt):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

VAT number: ________________________________

**Data Protection:**

- [ ] I confirm that the group delegates whose names we will share with Kenes for the purpose of registration to the event, have agreed to this data share and its purpose
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: ____________________________________________

Address (as per Credit card records): __________________________________

Security digits (on the back of the credit card): __________

Signature of Card Holder: ____________________________________________

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.

Please make drafts payable in USD only to:

Account Name: WSC 2018 Congress, Montreal
Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Bank Code: 4835
Swift No: CRESCHZZ80A
Account Number: 1500934-92
IBAN No: CH15 0483 5150 0934 9200