

## 21st International Congress of Endocrinology

1-3 March 2024 | Dubai, UAE ICEcongress.com | #ICE2024





# **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\_ice24@kenes.com
- 3. Please send the <u>final</u> 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 USD 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 until and including December 13, 2023 full refund
- Cancellations received between December 14, 2023 and February 14, 2024 50% will be refunded
- As of February 15, 2024 no refund will be made.

### Fees for participants include:

- Participation in all scientific sessions
- Opening Ceremony and Welcome Reception
- Entrance to the Exhibition
- Refreshments as per times indicated in the program
- Printed Conference materials
- Certificate of attendance (sent via email after the conference)

# 8. Please fill in the below information:

ompany (Group Name):	
ooking Agency (if relevant):	
ontact Person:	
mail:	



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#### **REGISTRATION CATEGORIES**

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

	EARLY RATE December 12, 2023	REGULAR RATE December 13, 2023 - January 30, 2024	ONSITE RATE From January 31, 2024
ISE Member	\$ 600	\$ 700	\$ 850
EDES Member	\$ 600	\$ 700	\$ 850
Non-Member	\$ 700	\$ 800	\$ 950
Low & Lower-middle Middle Income Countries*	\$ 300	\$ 400	\$ 500
Trainee (Students/Fellows/Nurses)**	\$ 300	\$ 325	\$ 350

- \* Low and lower-middle-income countries are defined according to the World Bank Country Classification of Low-income and Lower-middle-income economies.
- \*\*Proof of Student/Fellow/Nurse status is mandatory In order to benefit from the special fee, a submission of your status confirmation (official letter signed by the Head of Department – hospital, company, or academic institution which confirms the status of the applicant) or copy of your status ID) must be uploaded during the online 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 pleas	se advise us of the names and abstract numbers in
advance in order to guarantee the abstract will remain in the Scientif	fic Programme.
Please mark below accordingly:	
☐ There are no 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.

☐ Attached is a list of the abstract presenters in this group.



Please mark below accordingly:

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☐ Group registration pick-up is required.	
☐ No group pick-up, the delegates will be col	lecting 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 recei	ipt):
VAT number:	
This form was submitted by:	
Full Name:	
On Behalf of (company name):	
Signature:	Date
Please select a method of payment (credit car	rd or bank transfer):
Credit card payment (Credit card payment is so	ubject to an additional 4% commission):
	of Congresses' to charge the below credit card for the amount of:
USD. *** Please authorize the full amour	nt, including the 4% credit card fee.
Type: □Visa / □MasterCard / □AMEX	
Number:	Expiration date:
Name of Cardholder:	CVC:
Signature of Cardholder:	



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# **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 USD only to:

Account Name: ICE 2024, Congress Dubai

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-595 IBAN No: CH52 0483 5150 0934 9259 5