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_mdsr22@kenes.com
- 3. Please send the final name list no later than **4 weeks** prior to the Symposium. Please do not send preliminary name lists.
- 4. Name changes will be permitted free of charge until **2 weeks** prior to the Symposium (up to 15% of the participants names). After this date, any name change will be subject to 30 USD charge per name.
- 5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to additional 4% commission.
- 6. **Cancellation policy:** Refund of registration fee will be as follows: **Note! Refunds for groups** will be processed after the Symposium.
 - Cancellations received until and including September 7, 2022 full refund
 - Cancellations received from September 8 until October 25, 2022 50% will be refunded
 - From October 26, 2021 no refund will be made
- 7. Fees for participants include:
 - Participation in all scientific sessions
 - Opening Ceremony
 - Entrance to the Exhibition
 - Refreshments as per times indicated in the program
 - Printed Conference materials

8.	Please fill in the below information:		
	Company (Group Name):		
	Booking Agency (if relevant):		
	Contact Person:		
	Email:		

REGISTRATION CATEGORIES:

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

1. Required registration category:

2. Required registration category:

REGISTRATION CATEGORIES	EARLY RATE UNTIL SEPTEMBER 6, 2022	LATE RATE FROM SEPTEMBER 7, 2022
MDSF Member*	\$100	\$125
Non-Member	\$150	\$200

^{*}In order to become a member of the MDS Foundation and benefit from reduced fees, please visit the dedicated MDS webpage here.

Group Registration Details:

No. of Registrations:

No. of Registrations:

3. Total Group Participants:				
	PAYMENT INFORMATION:			
Billing Address (to appear on invoice	e and receipt):			
VAT number:				
Data Protection:				
I confirm that prior to transferring Kenes the group delegates contacts, our company has obtained consent from the individuals concerned.				
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):

I authorize 'KENES International – Organizers of Symposiums' to charge the below credit card for the amount of				
Credit Card deta	<u>ils</u>			
Type: Visa/AMEX/Master				
Card Number:				
Expiration date:				
Address: (as per credit card records):				
Telephone number:				
Security digits (on back of credit card):				
Signature of Card Holder:				

2. <u>Bank Transfer Payment (additional 30 USD handling fee is required):</u>

- Please ensure that the name of the Symposium and the group name are stated on the bank transfer.
- Registration will only be valid upon receipt of the full payment by the registration department according to the deadlines indicated. An email confirming the registration will only be sent after receipt of the required fees.
- Please make drafts payable in USD to:

Account Name: MDSR 2022, Kyoto, Japan

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

Account Number: 1500934-92-350

IBAN Number: CH71 0483 5150 0934 9235 0

Bank Code: 4835

Swift No: CRESCHZZ80A