

## 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\\_mds19@kenes.com](mailto:reg_mds19@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 EURO 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 until and including March 6, 2019 - full refund
  - Cancellations received between March 7 to May 1, 2019 - 50% will be refunded
  - From May 2, 2019 – no refund will be made
9. **Fees for Congress participants include:**
  - Entrance to all scientific sessions
  - Access to the exhibition area
  - Invitation to the Opening Ceremony & the Welcome Reception
  - Coffee & lunch during breaks, as indicated in the program
  - Printed material of the Symposium
  - Certificate of attendance
10. **Please fill in the below information:**

Company (Group Name): \_\_\_\_\_

Booking Agency (if relevant): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

## REGISTRATION CATEGORIES

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

	Early bird fee until and including March 5, 2019	Regular fee From March 6 until April 30, 2019	Late/Onsite fee From May 1, 2019
MDSF member*	€ 600	€ 700	€ 800
Non member	€ 700	€ 800	€ 900
Hematologists in training **	€ 500	€ 600	€ 700
Nurse**	€ 225	€ 275	€ 325
Student**	€ 175	€ 225	€ 250
Workshop 1: Basic Science***	€ 30	€ 30	€ 50
Workshop 2: Clinical Management***	€ 30	€ 30	€ 50
Networking Dinner	€ 100	€ 100	€ 100

\* In order to become a member of the MDS Foundation and benefit from reduced fees, please visit The [MDS Membership website](#).

\*\* 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 uploaded during online registration.

\*\*\* The Workshops have limited availability and registration is on a first-come first-serve basis.



**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 onsite will be available on June 17 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.



THE 15<sup>TH</sup> INTERNATIONAL SYMPOSIUM ON  
**MYELODYSPLASTIC  
SYNDROMES**

COPENHAGEN, DENMARK  
8-11 MAY 2019

ADVANCING RESEARCH & PATIENT CARE

**COPENHAGEN**

**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: \_\_\_\_\_  
EURO

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 EURO only to:**

Account Name: MDS 2019 Congress, Copenhagen

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

Account Number: 0251-1500934-92-86

IBAN Number: CH21 0483 5150 0934 9208 6

Bank Code: 4835, Swift No: CRESCHZZ12A