



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_mds23@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 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 30 EUR 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 Congress.
 - Cancellations received up and including March 8, 2023 – full refund
 - Cancellations received March 9 until April 19, 2023 – 50% registration fee refund
 - As of April 20, 2023 – no refund will be made
8. **Fees for 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

Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration Fees (EUR)

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

Category	Early rate Until March 7, 2023	Regular rate From March 8 - April 19, 2023	Onsite rate From April 20, 2023
MDSF Member *	€ 675	€ 795	€ 895
Non Member	€ 795	€ 895	€ 990
Clinical Care/Allied Health (i.e. nurses, pharmacists, physician assistants) **	€ 225	€ 275	€ 325
Student/Hematologists in Training **	€ 200	€ 225	€ 275

* In order to become a member of the MDS Foundation and benefit from reduced fees, please visit The MDS Membership website.

** 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 the online 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

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):

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: _____ EUR.

Type: Visa / MasterCard / AMEX

Number: _____

Expiration date: _____

Name of Card holder: _____

Signature of Card Holder: _____

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 EUR only to:

Account name: MDS 2023 Congress, Marseille
Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Account Number: 1500934-92-451
Swift code: CRESCHZZ80A
IBAN number: CH60 0483 5150 0934 9245 1
Bank Code: 4835
Account holder: KENES International