



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_mds21@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 30 CAD 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 June 30, 2021 – full refund.
 - Cancellations received between July 1 and September 6, 2021 – 50% will be refunded.
 - As of September 7, 2021 – no refund will be made.
9. Fees for all Participants include:
 - Participation in all scientific sessions
 - Entrance to the Exhibition
 - 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 CAD\$) apply to payments received prior to the indicated deadlines.

Category	Early Rate Until June 29, 2021	Early Bird Rate June 30 - August 24, 2021	Late Rate From August 25, 2021
MDSF Member *	CA\$ 880	CA\$ 880	CA\$ 880
Non-Member	CA\$ 1,050	CA\$ 1,050	CA\$ 1,050
Hematologists in training **	CA\$ 750	CA\$ 750	CA\$ 750
Nurse **	CA\$ 350	CA\$ 350	CA\$ 350
Student **	CA\$ 175	CA\$ 175	CA\$ 175
Workshop	CA\$ 50	CA\$ 50	CA\$ 50

* 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:

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



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.

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**



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: _____ CAD.

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 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 CAD only to:

Account name: MDS 2021 Congress, Toronto



Bank details: Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland

Clearing number: 4835

Account number: 1500934-92-270

Swift code: CRESCHZZ80A

IBAN number: CH97 0483 5150 0934 9227 0