

12<sup>TH</sup> INTERNATIONAL CONGRESS ON SLE &  
7<sup>TH</sup> ASIAN CONGRESS ON AUTOIMMUNITY

26-29 MARCH 2017

MELBOURNE, AUSTRALIA



## GROUP REGISTRATION POLICY AND FORM

The group registration process is valid for a minimum of 10 delegates or more.

In order to facilitate your group registration, please complete this form together with the payment and return by E-mail to: [reg\\_lupus17@kenes.com](mailto:reg_lupus17@kenes.com)

In order to benefit from the early registration fees, please ensure the signed form and payment is received **before December 19, 2016.**

At this stage the name list of delegates is not required; you are welcome to register your group by stating number of participants only and send us the **FINAL names** no later than **February 23, 2017.**

Please do not send preliminary name lists.

**Note: if there are Abstract submitters in your group, please send us the names before the Abstract submitting deadline in order to include them in the 'registered delegates' list.**

Name changes (up to 15% of total participants) will be permitted free of charge until **March 16, 2017.**

After this date, any name change will be subject to USD 20 charge per name.

**On site Pre-Registration pick up** for groups will be available upon request. Groups representatives are welcome to coordinate a personal meeting with Ms. Shouker, [reg\\_lupus17@kenes.com](mailto:reg_lupus17@kenes.com) At this meeting you will receive the registration kits and Meeting bags with the printed Meeting material. We recommend booking this meeting before **March 16, 2017.**

### Cancellation policy:

**All cancellations must be electronically mailed.**

Refund of registration fee will be as follows:

- Cancellations received until and including December 20, 2016 - full refund.
- Cancellations received between December 21, 2016 to March 15, 2017 - 50% will be refunded.
- From March 16, 2017 – no refund will be made.

\* Refund will be made after the Congress.

### Fees for Congress Participants include:

- Admission to all scientific sessions
- Access to the Exhibition (except for participants who register as patients)
- Printed material of the Congress
- Welcome Networking Reception
- Refreshments as published in the timetable

Please fill in the below information:

Company: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_

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### Group registration form

Registration Fees (In USD, Including GST 10%):

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

Category	<u>Early bird</u> until December 19, 2016	<u>Regular</u> from December 20, 2016- March 8, 2017	<u>Onsite</u> From March 9, 2017
Delegate	\$525	\$625	\$725
Trainee *	\$225	\$275	\$325
Allied Health Care Professional**	\$220	\$260	\$320
Patient		\$50	

\* The Trainee registration is available for "Clinicians in Training" and "non-Tenured Scientists" (scientist not being professor or associate professor) under 35 years of age.

A letter of confirmation of your status from the Head of Unit or Institute must accompany the formal registration form.

\*\* Refers to: Nurse/Physiotherapist/Psychologist/Dietician/Social Worker/Occupational Therapist/Audiologist - 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 the online registration.

#### Group Registration details:

Required category: \_\_\_\_\_ No. of registrations required: \_\_\_\_\_

Required category: \_\_\_\_\_ No. of registrations required: \_\_\_\_\_

#### Optional:

Required Function: \_\_\_\_\_ No. of function required: \_\_\_\_\_

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**Details as will appear on Invoice:**

Company name: \_\_\_\_\_

VAT number : \_\_\_\_\_

Full address: \_\_\_\_\_

Country: \_\_\_\_\_

**PAYMENT METHODS**

Payment of registration fees (in USD) can be made as follows:

**1. Payment by Credit card:**

- Credit card payment is subject to additional 4% commission
- Type: Visam, MasterCard or American Express

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: \_\_\_\_\_ USD

**Credit Card details to be charged:**

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name of Card holder: \_\_\_\_\_

Address: (as per Credit card records): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Security digits (on the back of the credit card): \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**2. Payment by Bank Transfer:**

- Please ensure that the name of the congress and of the group are stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid in addition to registration fees.

Please make drafts payable in USD to:

Account Name: LUPUS 2017 congress, Melbourne (Account holder: Kenes International)

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

Bank Code: 4835

Swift No: CRESCHZZ12A

Account Number: 693980-52-751

IBAN No: CH68 0483 5069 3980 5275 1