



10TH WORLD STROKE CONGRESS

OCTOBER 26-29, 2016 | HYDERABAD, INDIA

2016
Hyderabad



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_wsc16@kenes.com

In order to benefit from the reduced group registration fees, payments must be paid prior to the below deadlines.

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 **September 27, 2016**.

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 **October 11, 2016**.

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_wsc16@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 **October 11, 2016**.

Cancellation policy:

All cancellations must be electronically mailed.

Refund of registration fee will be as follows:

- Cancellations received up to and including **September 15, 2016**: full refund.
- Cancellations received after **September 16, 2016**: no refund will be made.

* Refund will be made after the Congress.

Fees for Congress Participants include:

- Participation in all scientific sessions
- All printed Congress materials
- An invitation to the Network Reception that follows the Opening Ceremony
- Entrance to the Exhibition
- Coffee breaks as per times scheduled in the scientific program

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 Euro (Fees apply to payments received prior to the deadlines)

Registration Category	Early Fee Up to September 14, 2016	Late Fee From September 15, 2016
WSO Member - <u>Group A</u>	\$ 600	\$ 725
WSO Member - <u>Group B</u>	\$ 300	\$ 400
Non Member - <u>Group A</u>	\$ 750	\$ 875
Non Member - <u>Group B</u>	\$ 350	\$ 450
Young Scientists - <u>Group A</u> **	\$ 300	\$ 400
Young Scientists - <u>Group B</u> **	\$ 100	\$ 200
Allied Health Professionals - <u>Group A</u> ***	\$ 200	
Allied Health Professionals - <u>Group B</u> ***	\$ 100	
Members of Stroke Support Organizations *	\$ 50	
Teaching Course - <u>Teaching Course List</u>	\$ 40	\$ 60
WSO Members who purchase a ticket for a Teaching Course will benefit from an additional Teaching Course ticket free of charge.		

* Strictly refers to non-physician/lay-person members of SSOs

** Participants under the age of 35 on October 26, 2016 – Proof of date of birth required

*** Nurses, social worker, Physiotherapists, Occupational Therapists, Speech Therapists, Dietitians, Neuropsychologists – In order to benefit from the reduced fee, an official stamped letter signed by the head of the department to confirming this status must accompany the registration.



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Group Registration details:

Required category: _____ No. of registrations required: _____

Required category: _____ No. of registrations required: _____

Optional:

Required Function: _____ No. of function required: _____

Details as will appear on Invoice:

Company name: _____

VAT number : _____

Full address: _____

Country: _____

PAYMENT METHODS

1. Payment by Credit card:

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

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: WSC 2016 Congress Hyderabad

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

Bank Code: 4835

Swift No: CRESCHZZ12A Account Number: 693980-52-767

IBAN No: CH24 0483 5069 3980 5276 7