



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_wcp24@kenes.com.
3. In order to benefit from the reduced registration fees, payments must be received **prior to the below deadlines**.
4. Please send the **final** name list no later than **4 weeks prior to the conference**. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the conference (up to 15% of the participants names). After this date, any name change will be subject to 30 USD 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:

All cancellations must be emailed **before the deadlines below** to reg_wcp24@kenes.com.

Refund of registration fees will be as follows:

- Cancellations received until and including July 16, 2024 – **full refund**
- Cancellations received between July 17, 2024 and October 15, 2024 – **50% will be refunded**
- From October 16, 2024 – **no refund available**

Group name: _____

Contact person name: _____

Contact person email: _____

Signature: _____



REGISTRATION CATEGORIES

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

Registration Category	EARLY RATE Until July 15, 2024	REGULAR RATE From July 16 until October 14, 2024	LATE RATE From October 15, 2024
Full Participant Group A country*	USD 765	USD 820	USD 920
Full Participant Group B country*	USD 675	USD 700	USD 750
Full Participant Group C country*	USD 500	USD 550	USD 600
Full Participant Group D country*	USD 250	USD 300	USD 350
Local Psychiatrists - Members of APM (Asociación Psiquiátrica Mexicana) **	USD 375	USD 435	USD 475
Local Psychiatrists - Non Members of APM (Asociación Psiquiátrica Mexicana)	USD 475	USD 535	USD 575
Local & International Students of medicine, psychology & social work***	USD 180		
Service users and family carers	USD 210		
Residents****	USD 200		
Other Mental Health professionals	USD 190		

The country group is based upon the official classification of the World Bank and refers to your work and correspondence address: [click here](#) to see the Country Classification data.

Group A – High income countries

Group B – Upper-middle-income countries

Group C – Lower-middle-income countries

Group D – Low income countries

**Local Psychiatrists – Members of APM (Asociación Psiquiátrica Mexicana) – please note that members of APM are required to include their membership number. If you do not remember the number, please contact APM directly.

***Local & International Students of medicine, psychology & social work – Can take advantage of a reduced fee. Provide a copy of their student ID together with the registration.

****Residents – Are asked to provide a copy of the certificate from the supervisor or head of the department together with the 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

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 conference.

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 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 Conferences' to charge the below credit card for the amount of: _____ USD. *** Please authorize the full amount, including the 4% credit card fee.

Type: Visa / MasterCard / AMEX number: _____

Expiration date: _____ Name of Card holder: _____

CVC: _____



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.
- By Bank Transfer: (Additional 30 USD handling fee is required)

Please send us the signed group contract and we will be glad to send you the invoice accordingly.