



GROUP REGISTRATION POLICY AND FORM

1. The group registration process is valid for a minimum of 10 delegates or more.
2. In order to facilitate your group registration, please complete this form together with the payment and return by E-mail to: reg_APLAR15@kenes.com
3. In order to benefit from the reduced group registration fees, payments must be paid prior to the below deadlines.
4. 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 6th, 2015**. Please do not send preliminary name lists.
5. **Onsite group registration pick-up** for groups leaders will be available upon request. When sending the name list, please advise if you will require a group collective pick-up, or if the delegates will be collecting their registrations individually.
6. **Cancellation policy:**
 - Prior to June 16th, 2015- Full refund less 25 USD \ 1,550 INR handling fees
 - From June 17th until August 18th, 2015 – 50% refund
 - From August 19th, 2015 – No refund

*Refund will be made after the congress

7. Fees for Congress Participants include:

- Admission to scientific sessions
- Congress materials
- Opening Ceremony & Welcome Reception
- Lunch and coffee breaks
- Admission to the exhibition

8. Please fill in the below information:

Company: _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

Signature: _____



17th Asia Pacific League of Associations for Rheumatology Congress

In conjunction with IRA Annual Congress (IRACON 2015)

6 - 9 September • Chennai, India

6 - 9 September 2015 • ITC Grand Chola, Chennai, India



Group registration form

Registration Fees in:

- USD - \$ for Non-Local Delegates
- INR – ₹ for Local Delegates

	Early Bird Up to June 15 th , 2015	Regular June 16 th – August 17 th , 2015	Onsite From August 18 th , 2015
Delegate (Medical doctor/Scientist)	515 \$	615 \$	715 \$
Delegate from developing countries (Medical doctor/Scientist) * To view countries list, click here	385 \$	435 \$	485 \$
Allied Health Professional/Trainee/Student **	300 \$	350 \$	400 \$
Local delegates	10,500 ₹	15,000 ₹	20,000 ₹
Accompanying person	150 \$ 9,600 ₹	150 \$ 9,600 ₹	250 \$ 16,000 ₹

* Developing countries are defined according to the World Bank Country Classification.

** 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 sent to reg_aplar15@kenes.com with the group name list

Gala Dinner - September 8th 2015	80 \$	5,100 ₹
PRE-CONGRESS WORKSHOPS – September 6th September 2015		
	Regular Up to August 17 th , 2015	Onsite From August 18 th , 2015
APLAR Review Course ***	100 \$ 6,400 ₹	150 \$ 9,600 ₹
Immunology ***	100 \$ 6,400 ₹	150 \$ 9,600 ₹
Skin scoring ***	50 \$ 3,200 ₹	70 \$ 4,500 ₹
Extremity MRI***	100 \$ 6,400 ₹	150 \$ 9,600 ₹



Group Registration details:

Required category: _____ No. of registrations required: _____
 Required category: _____ No. of registrations required: _____
 Required category: _____ No. of registrations required: _____

Optional:

Required Function: _____ No. of function required: _____
 Required Function: _____ No. of function required: _____
 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 or MasterCard

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: _____ USD or INR (please circle the required currency)

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. Paymrent 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: **APLAR 2015 Registration (Account Holder: Kenes International)**

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 693980-52-680

IBAN No: CH45 0483 5069 3980 5268 0

Please make drafts payable in **INR** to:

Account Name: **APLAR 2015 Registration (account holder: Kenes International)**

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 693980-52-677

IBAN No: CH29 0483 5069 3980 5267 7

FOR INQUIRIES, PLEASE CONTACT:

APLAR 2015 Registration Department

Rue François-Versonnex 7

1207 Geneva, Switzerland

Tel: + 41 22 908 0488

Fax: + 41 22 906 9140

E-mail: reg_aplar15@kenes.com