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: registration@ptcog62.org

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 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**: Refund of registration fee will be as follows:
   **Note! Refunds for groups will be processed after the Congress.**
   - Prior to March 29, 2024 - Full refund
   - From March 30, 2024 until May 23, 2024 - 50% refund.
   - From May 24, 2024 - No refund.

9. Fees for Conference participants include:

   **Educational Sessions Categories, June 10-11, 2024:**
   - All Educational Sessions included in the final program
   - Complimentary access to the Educational Sessions Welcome Reception
   - Complimentary access to the Exhibition Opening and Scientific Meeting Welcome Reception
   - Refreshments during coffee breaks as indicated in the program
   - Conference materials provided via registration

   **Scientific Meeting Categories, June 12-14, 2024:**
   - All Scientific Meeting Sessions as included in the final program
   - All keynote and invited speaker sessions
   - Complimentary access to the Exhibition Opening and Scientific Meeting Welcome Reception
   - Access to PTCOG 62 Exhibition and poster area
   - Refreshments during coffee breaks as indicated in the program
   - Conference materials provided via registration
All Session Categories Include, June 10-14, 2024:
All content as per final program
Complimentary access to the Educational Sessions Welcome Reception
Complimentary access to the Exhibition Opening and Scientific Meeting Welcome Reception
Access to PTCOG 62 Exhibition and poster area
Refreshments during coffee breaks as indicated in the program
Conference materials provided via registration

10. Please fill in the below information:

Company (Group Name): __________________________________________
Booking Agency (if relevant): ________________________________________
Contact Person: ____________________________________________________
Email: _____________________________________________________________

REGISTRATION CATEGORIES

REGISTRATION FEES (RATES ARE IN USD)

Fees apply to payments received prior to the indicated deadlines.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EARLY RATE Until March 28, 2024</th>
<th>REGULAR RATE From March 29 until May 14, 2024</th>
<th>LATE RATE From May 15, 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATIONAL SESSIONS</td>
<td>$455</td>
<td>$510</td>
<td>$535</td>
</tr>
<tr>
<td>EDUCATIONAL SESSIONS – RT &amp; Dosimetrists *</td>
<td>$340</td>
<td>$395</td>
<td>$420</td>
</tr>
<tr>
<td>EDUCATIONAL SESSIONS – Student *</td>
<td>$300</td>
<td>$350</td>
<td>$380</td>
</tr>
<tr>
<td>SCIENTIFIC MEETING</td>
<td>$800</td>
<td>$855</td>
<td>$880</td>
</tr>
<tr>
<td>SCIENTIFIC MEETING – RT &amp; Dosimetrists *</td>
<td>$605</td>
<td>$655</td>
<td>$685</td>
</tr>
<tr>
<td>SCIENTIFIC MEETING &amp; Students *</td>
<td>$525</td>
<td>$575</td>
<td>$605</td>
</tr>
<tr>
<td>ALL SESSIONS</td>
<td>$1,110</td>
<td>$1,165</td>
<td>$1,190</td>
</tr>
<tr>
<td>ALL SESSIONS – RT &amp; Dosimetrists *</td>
<td>$840</td>
<td>$890</td>
<td>$920</td>
</tr>
<tr>
<td>ALL SESSIONS – Students *</td>
<td>$725</td>
<td>$780</td>
<td>$805</td>
</tr>
</tbody>
</table>

* The discounted registration fees applicable to Radiation Therapists, Dosimetrists and Students are only available to those providing valid credentials requested via the registration form. The standard registration fee will apply to anyone unable to prove one of these three positions when requested.
**Group Registration Details:**

1. Required registration category: ____________________ No. of Registrations: _________
2. Required registration category: ____________________ No. of Registrations: _________
3. Required registration category: ____________________ No. of Registrations: _________
4. Required registration category: ____________________ No. of Registrations: _________

**Total Group Participants:** ____________________

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**Important Note: Abstract Presenters**

In case there are Abstract Presenters among the group 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

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**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.

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**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):

_______________________________________________________________________________
__________________________________________________________________________________

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: ________ USD.
Type: Visa / MasterCard / AMEX
Number: ____________________________
Expiration date: ____________________________
Name of Card holder: ______________________________________
Address (as per Credit card records): ______________________________________
Security digits (on the back of the credit card): ____________________________
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 USD only to:

Account name: PTCOG 62 Conference, Singapore
Bank Details: Crédit Suisse, Geneva, 1211 Geneva 70, Switzerland
Clearing Number: 4835
Swift No: CRESCHZZ80A
Account number: 1500934-92-620
IBAN: CH56 0483 5150 0934 9262 0