

6th International Congress on Autoimmunity
Porto, Portugal, September 3-7, 2008

Group Registration Policy

- To facilitate your group registration you are requested to complete the enclosed form together with your payment.
- In order to benefit from the special early Registration Fees, please send us the payment together with the signed contract before **June 26, 2008**
- Registration Fees will be confirmed without final name list attached until **August 6, 2008** if paid in full according to the published registration deadlines.
- Name changes will be permitted until **August 20, 2008** (Free of charge).

From **August 21, 2008** any name change will be subject to Euro 20 penalty per name.

- On site Pre-Registration for groups of a minimum of 10 participants will be possible upon request. Kenes will coordinate with the company's specific times, for the registration material to be picked up. Please advise Kenes no later than **August 20, 2008** if you wish to collect the material prior to the official opening.
- Pre-Registration for groups will be on **Tuesday, September 9, 2008**
- On site Pre-Registration will only be done after registration fees have been paid in full.

Cancellation policy: Faxed, electronically mailed or post-marked:

Postmarked before June 10, 2008 - 100% refund (minus € 50 handling fee)

Postmarked from June 11, 2008 until July 10, 2008 - 50% refund

No refund on cancellations sent after July 11, 2008.

Registration Fees Include:

- Participation in scientific sessions
- Entrance to the exhibition
- Opening session and welcome reception
- The printed material of the Congress
- A certificate of attendance

Company: _____ Signature: _____ Date: _____

Group registration form

Registration Fees

	Early Until June 26,2008	Late From June 27,2008	On Site from September 1, 2008
Participants - Physicians and Scientists	€400	€470	€540
Residents*	€300	€340	€380
Teaching course	€100		€120
Farewell dinner	€75		
Additional ticket for the opening session and welcome reception	€40		

*Refers to non-tenured junior scientists. Registration form must be accompanied by a letter from their head of department confirming their status.

Group Registration details:

No. of registrations required: _____

Required category: _____

Payment by bank transfer:

Account Name: "Autoimmunity 2008"

Bank Details: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland.

Swift No: CRESCHZZ12A

Account number: 0251-693980-52-113

IBAN number: CH28 0483 5069 3980 5211 3

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Please make sure that the name of the meeting and of the participant is stated on the bank transfer.

This form was submitted by:

Company name: _____

Contact person: _____

Contact details: (Tel) _____ (Fax) _____

(E-mail) _____@_____

Signature: _____ Date: _____

Please return this form to:

Sharon Gonen

Kenes International

Registration & Accommodation department

Fax: + 41-22-732-2850

Email: sgonen@kenes.com