



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_ipvc18@kenes.com
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 Congress. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Congress (up to 15% of the participants names). After this date, any name change will be subject to USD 30 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.
 - Cancellations received up to and including July 10, 2018 – full refund
 - Cancellations received from July 11 until September 12, 2018 – 50% refund
 - From September 13, 2018 – no refund will be made
9. Fees for Congress participants include:
 - Participation in scientific sessions
 - Entrance to the exhibition
 - Opening ceremony and welcome reception
 - Printed conference material
 - Coffee and Lunch breaks – as indicated in the program

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

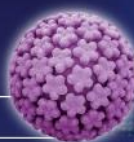
Contact Person: _____

Email: _____

ipvc2018**32ND INTERNATIONAL
PAPILLOMAVIRUS CONFERENCE**
In conjunction with AOGIN 2018

Towards Global Control of HPV Disease

OCTOBER 2-6, 2018 | SYDNEY, AUSTRALIA



SYDNEY

REGISTRATION CATEGORIES

REGISTRATION FEES (RATES ARE IN USD)

Fees apply to payments received prior to the indicated deadlines.

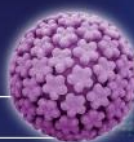
	Early bird fee until July 10, 2018	Regular fee from July 11, 2018 till September 12, 2018	Onsite fee from September 13, 2018 and onsite
Main Conference only			
IPVS Member*	580\$	760\$	930\$
IPVS Non-Member	690\$	870\$	1040\$
Low /Low Middle Income Countries**	275\$	330\$	440\$
Student*** and Early Career Researcher****	275\$	330\$	440\$
Combined Mentor- Trainee Special Rate*****	730\$	930\$	1160\$
Combined Main Conference + Clinical / Public Health Workshops + AOGIN Plenary Sessions			
IPVS Member*	880\$	1060\$	1230\$
IPVS Non-Member	990\$	1170\$	1340\$
Low Income / Low Middle Income Countries**	425\$	480\$	590\$
Student*** and Early Career Researcher****	425\$	480\$	590\$

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Combined Mentor-Trainee Special Rate*****	1030\$	1230\$	1460\$
Clinical or Public Health Workshops + AOGIN Sessions			
Clinical Workshop or Public Health Workshops + AOGIN Plenary Sessions for Non-Conference Registrants	350\$	425\$	475\$
Clinical Workshop or Public Health Workshops + AOGIN Plenary Sessions for Non-Conference Registrants Low Income / Low Middle Income Countries	175\$	200\$	225\$
Clinical Workshop or Public Health Workshops + AOGIN Plenary Sessions for Non-Conference Registrants Students and Early Career Researchers	175\$	200\$	225\$
Basic Science Workshop	no pre-registration is required, participation is open to all registered categories above		

* To become a member of IPVS and benefit from the reduced registration rates [click here](#)

**Low income/Low-Middle countries are defined according to the World Bank Country Classification. [Click here](#) for more information on the Country Classification data according to the World Bank website.

*** Online registration must be accompanied by an official letter from the head of department or an ID confirming student status. (The document is to be uploaded during the online registration process)



**** Definition of ECR: 1). Working in relevant field 2). <5 years post-awarding PhD. Require a letter of support from supervisor to be submitted.

***** IPVS Members who are mentoring pre-doctoral or post-doctoral trainees (who are also IPVS Members), can benefit from the combined mentor-trainee special rate for the 2 registrations. The details of both the mentor and the trainee should be provided in one registration.

Group Registration Details:

- 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 Congress.

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.

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 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:

IPVS 2018 Congress, Sydney
Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Clearing number: 4835
Account Number: 1500934-92-4
Swift No: CRESCHZZ80A
IBAN No: CH04 0483 5150 0934 9200 4