

OCTOBER 23-25
2024

IUMS 2024
Microorganisms for
sustainable solutions:
environmental
& clinical
implementations.



International Union of
Microbiological Societies
Florence, Italy

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_iums24@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 30 EUR charge per name.
6. **Onsite group registration pick-up** for group leaders will be available upon request.
7. Payment is accepted by credit card or bank transfer. Credit card payment is subject to an **additional 4% commission**.
8. **Cancellation policy:**

All cancellations must be emailed **before the deadlines below** to reg_iums24@kenes.com.

Refund of registration fees will be as follows:

- Cancellations received until and including July 18, 2024– full refund.
- Cancellations received between July 19 to October 8, 2024 – 50% will be refunded.
- As of October 9, 2024– no refund will be made.

REGISTRATION CATEGORIES

Fees apply to payments received prior to the indicated deadlines.

	EARLY RATE Until July 17, 2024	REGULAR RATE From July 18 to October 1, 2024	ONSITE RATE From October 2, 2024
Member*	€ 539	€ 639	€ 739
Non-Member	€ 599	€ 699	€ 799
Low-income country members***	€ 209	€ 259	€ 309
Low-income country non-members ***	€ 232	€ 282	€ 332
Young Physicians/Scientists Member	€ 279	€ 329	€ 379
Young Physicians/Scientists Non-Member	€ 309	€ 359	€ 409
Trainee (Students/Fellows/Nurses)** - Member*	€ 212	€ 262	€ 312
Trainee (Students/Fellows/Nurses)** - Non-Member	€ 235	€ 285	€ 335
Professional Participant	€ 699	€ 799	€ 899

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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 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.

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: _____

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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: _____ EUR. *** 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 EUR handling fee is required)

Please make drafts payable in EUR only to:

Account Name: IUMS 2024 Congress, Florence

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

Account Number: 1500934-92-519

IBAN Number: CH67 0483 5150 0934 9251 9

Bank Code: 4835

Swift No: CRESCHZZ80A