



7th Association of South-East Asian Pain Societies Congress
In conjunction with MASP 3rd National Seminar on Pain
16 - 19 February 2017 • Yangon, Myanmar
Professional Accountability with Interactive Networking

1 out of 4



GROUP REGISTRATION POLICY

The group registration process is valid for a **minimum of 10 delegates**.

In order to facilitate your group registration, please complete this form and send it by e-mail to reg_aseaps17@kenes.com or by fax to "ASEAPS 2017 Registration Department" +41 22 906 91 56. Once the completed and signed form is received, we will issue an invoice and send it by email.

In order to benefit from the reduced registration fees, please ensure that the signed form and payment are received **prior to the indicated registration deadlines**.

At this stage the name list of delegates is not required; you are welcome to register your group by stating the number of participants only and send us the **FINAL name list** no later than **January 25th, 2017**.

Please do not send preliminary name lists.

Note: 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.

Name changes (up to 15% of total participants) will be permitted free of charge until **February 1st, 2017**. After this date, any name change will be subject to **30 USD** charge per name.

Badges and registration materials will be available for pickup on-site.

Option 1) **Individual pickup** - each delegate will be able to collect his own registration materials upon arrival.

Option 2) **Group pickup** - one person will collect the registration materials for the entire group (Appointment is required). Further details will be provided at a later stage.

Cancellation policy:

All cancellations must be electronically mailed. Refund of registration fee will be as follows:

- Prior to November 9, 2016 – 100% refund
- From November 10, 2016 until January 10, 2017 – 50% refund
- From January 11, 2017 – No refund

* Refund will be processed after the congress.

Registration fees includes:

- Attendance to all scientific sessions
- Delegate's conference materials
- Refreshments during breaks as indicated in the program
- Opening Ceremony and Welcome Reception
- Admission to the exhibition

Company _____ Signature _____ Date _____.



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GROUP REGISTRATION FORM

Fees apply to payments received prior to the indicated deadlines. Please note that all fees are in USD.

Category	Early Rate Until 9 Nov 2016	Regular Rate From 10 Nov 2016 Until 10 Jan 2017	Onsite Rate From 11 Jan 2017 until onsite
Physicians	\$ 550	\$ 625	\$ 700
Nurses / Allied Health / Trainees / Residents	\$ 350	\$ 425	\$ 500
Local Physicians	\$ 200	\$ 250	\$ 300
Local Nurses / Allied Health / Trainees / Residents	\$ 150	\$ 200	\$ 250
Accompanying person	\$ 125	\$ 125	\$ 125

Workshops

Please note in order to participate in the workshops the participants must be registered for the congress.

Registration fee	Pain Refresher Course	Pain Ultrasound Workshop	Pain Intervention Workshop
Local	\$ 100	200 – early bird \$250 – regular/late	\$ 50
International	\$ 200	200 – early bird \$250 – regular/late	\$ 125

Gala Dinner

Will take place on February 18, 2017 at 19:00.

The gala dinner is free of charge but requires pre- registration.

Please advise if you wish to reserve seats for your group members.

Amount of required tickets _____



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Group Registration details:

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

Pharmaceutical company name: _____

Details as should appear on Invoice:

Company name: _____

VAT number (mandatory): _____

Full Address: _____

Country: _____

Payment methods:

Payment is accepted by credit card or bank transfer*.

Chosen payment method (Bank transfer/Credit Card) _____

Credit card payment is subject to additional **4% commission**.

Credit Card details to be charged:

Type: Visa / MasterCard / AMEX

Number: _____

Expiration date: _____

Name of Card holder: _____

Address: (as per Credit card records): _____

Telephone number: _____

Security digits (on the back of the credit card): _____

Date: _____

Signature of Card Holder: _____



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*** Bank Transfer info & instructions:**

- Please ensure that the name of the congress and the invoice number are stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid in addition to the registration fees.
- Payment in **USD only**.

Bank account details:

Account Name: ASEAPS 2017 Registration (Account Holder: Kenes International)

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

Bank Code: 4835

Swift No: CRESCHZZ12A

Account Number: 693980-52-790

IBAN No: CH82 0483 5069 3980 5279 0

This form was submitted by:

Contact person: _____

Company name: _____

E-mail: _____

Signature: _____

Date: _____