GROUP REGISTRATION POLICY AND FORM

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

In order to facilitate your group registration, please complete this form together with the payment and return by E-mail to: reg_lupus17@kenes.com

In order to benefit from the early registration fees, please ensure the signed form and payment is received before December 19, 2016.

At this stage the name list of delegates is not required; you are welcome to register your group by stating number of participants only and send us the FINAL names no later than February 23, 2017.

Please do not send preliminary name lists.

Note: if there are Abstract submitters in your group, please send us the names before the Abstract submitting deadline in order to include them in the ‘registered delegates’ list.

Name changes (up to 15% of total participants) will be permitted free of charge until March 16, 2017.
After this date, any name change will be subject to USD 20 charge per name.

On site Pre-Registration pick up for groups will be available upon request. Groups representatives are welcome to coordinate a personal meeting with Ms. Shouker, reg_lupus17@kenes.com At this meeting you will receive the registration kits and Meeting bags with the printed Meeting material. We recommend booking this meeting before March 16, 2017.

Cancellation policy:

All cancellations must be electronically mailed.

Refund of registration fee will be as follows:

- Cancellations received until and including December 20, 2016 - full refund.
- Cancellations received between December 21, 2016 to March 15, 2017 - 50% will be refunded.
- From March 16, 2017 – no refund will be made.

* Refund will be made after the Congress.

Fees for Congress Participants include:

- Admission to all scientific sessions
- Access to the Exhibition (except for participants who register as patients)
- Printed material of the Congress
- Welcome Networking Reception
- Refreshments as published in the timetable

Please fill in the below information:

Company: _____________________________
Booking Agency (if relevant): ______________________________________________
Contact Person: _______________________________________________________
Email: _______________________________________________________________
Signature: _____________________________________________________________
Group registration form

Registration Fees (In USD, Including GST 10%):
Fees (in USD) apply to payments received prior to the indicated deadlines.

<table>
<thead>
<tr>
<th>Category</th>
<th>Early bird until December 19, 2016</th>
<th>Regular from December 20, 2016-March 8, 2017</th>
<th>Onsite From March 9, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegate</td>
<td>$525</td>
<td>$625</td>
<td>$725</td>
</tr>
<tr>
<td>Trainee *</td>
<td>$225</td>
<td>$275</td>
<td>$325</td>
</tr>
<tr>
<td>Allied Health Care Professional**</td>
<td>$220</td>
<td>$260</td>
<td>$320</td>
</tr>
<tr>
<td>Patient</td>
<td></td>
<td>$50</td>
<td></td>
</tr>
</tbody>
</table>

* The Trainee registration is available for "Clinicians in Training" and "non-Tenured Scientists" (scientist not being professor or associate professor) under 35 years of age. A letter of confirmation of your status from the Head of Unit or Institute must accompany the formal registration form.

** Refers to: Nurse/Physiotherapist/Psychologist/Dietician/Social Worker/Occupational Therapist/Audiologist - in order to benefit from the special fee, a submission of your status confirmation (approval letter signed by the Head of Department or copy of your status ID) must be uploaded during the online registration.

Group Registration details:
Required category: ____________________________ No. of registrations required: _________
Required category: ____________________________ No. of registrations required: _________

Optional:
Required Function: ____________________________ No. of function required: __________
Details as will appear on Invoice:
Company name: __________________________________________________
VAT number: ____________________________________________________
Full address: _____________________________________________________
Country: _________________________________________________________

PAYMENT METHODS

Payment of registration fees (in USD) can be made as follows:

1. Payment by Credit card:
   - Credit card payment is subject to additional 4% commission
   - Type: Visa, MasterCard or American Express

   I authorize ‘KENES International – Organizers of Congresses’ to charge the below credit card for the amount of:__________ USD

   Credit Card details to be charged:

   Number: __________________________

   Expiration date: ______________________

   Name of Card holder: ______________________

   Address: (as per Credit card records): __________________________

   __________________________________________________________________________________________

   Telephone number: __________________________

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

   Signature of Card Holder: __________________________

2. Payment by Bank Transfer:
   - Please ensure that the name of the congress and of the group are stated on the bank transfer.
   - Bank charges are the responsibility of the payer and should be paid in addition to registration fees.

Please make drafts payable in USD to:
   Account Name: LUPUS 2017 congress, Melbourne (Account holder: Kenes International)
   Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
   Bank Code: 4835
   Swift No: CRESCHZZ12A
   Account Number: 693980-52-751
   IBAN No: CH68 0483 5069 3980 5275 1