



## **GROUP REGISTRATION CONTRACT**

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\\_eaps20@kenes.com](mailto:reg_eaps20@kenes.com)
3. Please send the **final** name list no later than **4 weeks prior** to the congress. Please do not send preliminary name lists.
4. 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 EURO 30 charge per name.
5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
6. **Cancellation policy:** Refund of registration fee will be as follows:  
**Note! Refunds for groups will be processed after the Congress.**
  - Cancellations received up and including July 23, 2020 – full refund
  - Cancellations received between From July 24, 2020 until October 6, 2020 – 50% will be refunded
  - Cancellations received from October 7, 2020 – no refund will be made
7. **EAPS 2020 virtual congress will offer the participants a full virtual experience and the opportunity to take part in every aspect of the programme, including the chance to:**
  - Access all presentations and session recordings
  - Network with colleagues
  - Earn CME credits
  - Access all the e-posters
  - Join the debate
  - Give feedback
  - Visit the virtual exhibition hall

### **8. Please fill in the below information:**

Company (Group Name): \_\_\_\_\_

Booking Agency (if relevant): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_



## REGISTRATION CATEGORIES

**Registration Fees in EURO (Fees apply to payments received prior to the deadlines):**

Registration Category	Registration Rate
<b>Member*</b>	€ 260
<b>Non-Member</b>	€ 320
<b>Member* – Nurse/ Young Investigator/ Pharmacist/ Physiotherapist**</b>	€ 200
<b>Non-Member – Nurse/ Young Investigator/ Pharmacist/ Physiotherapist**</b>	€ 240
<b>Students***</b>	€ 120
<b>Low &amp; Lower Middle Income Countries ****</b>	
<b>Member* Low &amp; Lower Middle Income Countries</b>	€ 200
<b>Non-Member Low &amp; Lower Middle Income Countries</b>	€ 240

\* **Members of the organizing societies: EAP, ESPNIC & ESPR and the collaborating societies: AEPC, EAPC, EPNS, ERS, ESPA, ESPE, ESPGHAN, ESPN, EUSEM and the Catalan Paediatric Society.** This refers to individual members, who have an active membership upon registration and during the Congress.

Members are required to specify their membership association, and membership number (if applicable) during the online registration.

\*\* **Nurse / Young Investigator / Pharmacist / Physiotherapist:** In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration (i.e. approval letter signed by the Head of Department or copy of your status ID).

Note, Young Investigators must be under the age of 35 at the time of the congress

\*\*\* **Student:** In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration (i.e. approval letter signed by the Head of Department or copy of your status ID).

\*\*\*\* **Low & Lower Middle-Income Countries:** Please [click here](#) to see the list of applicable countries.

### 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 Program.

**Please mark below accordingly:**

- There are no abstract presenters in this group  
 Attached is a list of the abstract presenters in this group

**PAYMENT DETAILS**

**Payment information:**

Billing Address (to appear on invoice and receipt): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VAT number: \_\_\_\_\_

**Data Protection:**

- I confirm that the group delegates whose names we will share with Kenes for the purpose of registration to the event, have agreed to this data share and its purpose.**

**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 Conferences' to charge the below credit card for the amount of: \_\_\_\_\_  
**EURO**

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 EURO only to:**

Account Name: EAPS 2020 Congress, Barcelona

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-180

IBAN No: CH05 0483 5150 0934 9218 0