

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_espnice24@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 Meeting**. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Meeting (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 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 Meeting.

- Cancellations received until and including April 4, 2024 – full refund
- Cancellations received between April 5 and May 29, 2024 – 50% will be refunded
- May 30, 2023 – no refund will be made.

9. Fees for participants include:

- Participate in all scientific sessions (except Workshops)
- Attend Opening Ceremony and Welcome Reception
- Access to the Exhibition area
- Refreshments during coffee breaks as indicated in the program
- Meet the speakers and experts in-person

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

Signature: _____ Date _____

REGISTRATION CATEGORIES

Fees (in EUR) apply to payments received prior to the indicated deadlines.

	Early Fee Until April 3, 2024	Regular Fee April 4 - May 29, 2024	Onsite Fee From May 30, 2024
Medical-Member*	€ 535	€ 635	€ 725
Medical-Non-member	€ 690	€ 770	€ 860
Medical-Low/Low-Middle income countries**	€ 385	€ 485	€ 555
Nurse/Young Investigators/ Mentees/AHP**** – Member*	€ 320	€ 340	€ 395
Nurse/Young Investigators/ Mentees/AHP**** – Non-member	€ 370	€ 435	€ 480
Nurse**** – Low/Low-Middle income countries**	€ 260	€ 290	€ 340
Medical Trainee (Students/Fellows)***	€ 260	€ 345	€ 380

* ESPNIC members: In order to apply for this category, please ensure your membership is approved and fees are paid for 2023 before you start the registration process. Registration will not be confirmed otherwise. To become a member of ESPNIC please [click here](#).

** Low and Lower-Middle income countries: Defined according to the World Bank Country Classification of Low income and Lower – middle-income economies; please [click here](#) to see the Country Classification data.

*** Trainee (Student/Fellow): An official letter of the institution (PDF format), originally stamped and signed by the head of the department confirming this status must be uploaded during the registration process.

**** Nurse, AHP: A copy of your Nurse, AHP ID must be uploaded during the registration process.

Group Registration Details:

Pharmaceutical company name - _____

1. Required registration category: _____ No. of Registrations: _____

2. 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 Meeting.

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: _____

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 Meetings' 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: _____

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 EUR only to:

Account name: ESPNIC 2024 Congress, Rome

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

Clearing number: 4835

Account number: 1500934 92 599

Swift code: CRESCHZZ80A

IBAN number: CH41 0483 5150 0934 9259 9