

## **GROUP REGISTRATION POLICY AND 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 **ESPNIC 2017 Registration Department, [reg\\_espnic17@kenes.com](mailto:reg_espnic17@kenes.com)**
3. In order to benefit from the reduced group registration fees, please ensure the signed form and payment is received **before March 14, 2017**.
4. 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 names no later than **May 7, 2017**. Name changes will be permitted free of charge until **May 29, 2017 (up to 15% of the participants names)**. After this date, any name change will be subject to **EUR 30** charge per name.
5. **Onsite Pre-registration pick-up** for group leaders will be available upon request. Group representatives are welcome to coordinate a personal meeting at: **[reg\\_espnic17@kenes.com](mailto:reg_espnic17@kenes.com)**. At this meeting you will receive the registration kits and Congress bags with the printed Congress material. We recommend booking this meeting before, further details will be given prior to the Congress.
6. Please note that we cannot guarantee the availability of Congress materials for additional on-site registrations.
7. Payment is accepted by credit card or bank transfer.  
\*Credit card payment is subject to **additional 4% commission**.
8. **Cancellation policy:**  
All cancellations must be sent by email:
  - Cancellations received up and including March 14, 2017 – full refund.
  - Cancellations received between March 15, 2017 and May 26, 2017 – 50% will be refunded.
  - After May 27, 2017 – no refund will be made.**Refunds for groups will be processed after the congress.**
9. **Fees for Congress Participants include:**
  - Attendance in all scientific sessions
  - Printed material of the Congress
  - Opening Ceremony and Welcome Reception
  - Access to the Exhibition Area
  - Refreshments during coffee breaks as indicated in the program

## REGISTRATION CATEGORIES:

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

	Early Fee Until March 14, 2017	Regular Fee March 15 – May 23, 2017	Onsite Fee From May 24, 2017
Full Participant – Member*	€ 450	€ 550	€ 650
Full Participant – Non Member	€ 600	€ 690	€ 790
Full Participant Low/Low-Middle income countries**	€ 350	€ 450	€ 520
Nurse, AHP***** – Member*	€ 260	€ 300	€ 345
Nurse, AHP***** – Non Member	€ 310	€ 390	€ 420
Nurse***** – Low/Low-Middle income countries**	€ 200	€ 240	€ 290
Trainee (Student/Fellows)***	€ 260	€ 300	€ 345
<b>WORKSHOP REGISTRATION AVAILABLE TO REGISTERED PARTICIPANTS ONLY</b>			
Workshop - Full Day		€ 100	

### Group Registration Details:

Required registration category: \_\_\_\_\_ No. of Registrations: \_\_\_\_\_



28<sup>th</sup> Annual Meeting of  
**The European Society of Paediatric  
and Neonatal Intensive Care**  
June 6-9 2017, Lisbon, Portugal



**PAYMENT INFORMATION:**

**Payment method:** Credit card\* / Bank transfer

**Billing Address** (to appear on invoice and receipt):

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VAT number: 

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**This form was submitted by:**

Full Name: 

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On Behalf of (company name): 

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Signature: 

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Date: 

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### **PAYMENT DETAILS:**

#### **1. Credit card payment:**

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: \_\_\_\_\_ EUR

#### **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): \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_

#### **2. Bank Transfer Payment:**

- Please ensure that the name of the meeting and of the group is stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid at source in addition to registration fees.

Please make drafts payable to:

**Account Name:** ESPNIC 2017 congress, Lisbon

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

**Account Number:** 693980-52-811

**IBAN Number:** CH97 0483 5069 3980 5281 1

**Bank Code** 4835

**Swift No** CRESCHZZ12A