GROUP REGISTRATION 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: reg_esid18@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 EUR 30 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 up and including Tuesday July 24, 2018: full refund.
   - Cancellations received from Wednesday, July 25 until Tuesday October 9, 2018: 50% will be refunded.
   - After Wednesday, October 10, 2018: no refund will be made.

9. Fees for Meeting participants include:
   - Participation in all scientific sessions
   - Delegate bag with all meeting materials
   - An Invitation to the Welcome Reception
   - Entrance to the Exhibition (except for IPOPI participants)
   - Refreshments as per times scheduled in the scientific programme

10. Please fill in the below information:

Company (Group Name): __________________________________________________________

Booking Agency (if relevant): ____________________________________________________

Contact Person: ________________________________________________________________

Email: __________________________
REGISTRATION FEES (IN EURO):

Fees apply to payments received prior to the indicated deadlines.

<table>
<thead>
<tr>
<th></th>
<th>Early Bird</th>
<th>Regular</th>
<th>Onsite</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to and including July 24, 2018</td>
<td>From July 25 up to and including October 9, 2018</td>
<td>From October 10, 2018</td>
</tr>
<tr>
<td>ESID Member *</td>
<td>€400</td>
<td>€500</td>
<td>€550</td>
</tr>
<tr>
<td>ESID Member Junior **</td>
<td>€250</td>
<td>€300</td>
<td>€350</td>
</tr>
<tr>
<td>Non Member</td>
<td>€650</td>
<td>€750</td>
<td>€800</td>
</tr>
<tr>
<td>INGID Member***</td>
<td>€160</td>
<td>€220</td>
<td>€330</td>
</tr>
<tr>
<td>IPOPI Member</td>
<td>€160</td>
<td>€300</td>
<td>€350</td>
</tr>
<tr>
<td>Local Nurses One Day Only ****</td>
<td>€100</td>
<td>€100</td>
<td>€100</td>
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<tr>
<td>Educational Day Only</td>
<td>€100</td>
<td>€100</td>
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<tr>
<td>Networking Event</td>
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<td>€65</td>
<td></td>
</tr>
<tr>
<td>Networking Event - ESID Member Junior Rate</td>
<td></td>
<td></td>
<td>€40</td>
</tr>
</tbody>
</table>

* Become an **ESID member** 2018/2019 to benefit from preferential rates-Visit www.esid.org

ESID Members who wish to benefit from the reduced registration rates must have renewed their membership for 2016/2017 prior to registering to the Meeting. For more information on ESID membership please visit www.esid.org or contact the ESID Membership Office at esidmem@kenes.com in order to benefit from ESID Membership reduced rates - please apply for membership at least 5 days (Mon – Fri) prior to registration deadline.

** **ESID Junior Member** - Reduced fee for under 35 years of age. Please indicate your date of birth and send a copy of your passport.

*** **INGID Member** - In order to obtain the special fee for nurses, a status approval letter must be uploaded during the online registration process.

**** In order to obtain the special fee for Nurse, a status approval letter must be uploaded during the online registration process.
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 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.

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 Congresses’ to charge the below credit card for the amount of: ________ EUR

   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 EUR only to:

   Account name: ESID 2018 Congress, Lisbon
   Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland
   Clearing number: 4835
   Account number: 1500934-92-32
   Swift code: CRESCHZZ80A
   IBAN number: CH24 0483 5150 0934 9203 2