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_esid20@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. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.

7. **Cancellation policy:** Refund of registration fee will be as follows:

   **Note! Refunds for groups will be processed after the Meeting.**
   - Cancellations received up to and including August 11, 2020 – full refund
   - Cancellations received from August 12 until September 9, 2020 – 50% refund
   - From September 10, 2020 – no refund will be made

8. **Fees for Meeting participants include:**
   - Access all presentations and session recordings. Create your own schedule to attend any and all of the sessions whenever and wherever you choose.
   - Network with colleagues. Browse the list of participants and click on their name to contact them.
   - Earn CME credits. Participate in the scientific programme and be eligible to receive the number of CME credits attributed to the online meeting.
   - Access all the e-posters. Browse research on the hottest topics published in the meeting digital abstract book and connect with the abstract authors and other colleagues from around the world through the e-poster online consultations.
   - Join the debate. During a live-streamed or recorded session, participate in live conversations with delegates from all over the world.
   - Visit the online exhibition hall. Journey through the exhibition booths, explore the displayed materials, contact exhibitors directly, and chat with other visitors.
9. 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):

<table>
<thead>
<tr>
<th>REGISTRATION CATEGORIES</th>
<th>SUPER EARLY FEE UNTIL AUGUST 10, 2020</th>
<th>EARLY RATE FROM AUGUST 11 TO SEPTEMBER 8</th>
<th>LATE FEE FROM SEPTEMBER 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESID Member *</td>
<td>€200</td>
<td>€275</td>
<td>€365</td>
</tr>
<tr>
<td>ESID Member Junior**</td>
<td>€100</td>
<td>€150</td>
<td>€200</td>
</tr>
<tr>
<td>Non-Member</td>
<td>€275</td>
<td>€425</td>
<td>€515</td>
</tr>
<tr>
<td>INGID Member***</td>
<td>€50</td>
<td>€120</td>
<td>€165</td>
</tr>
<tr>
<td>Educational Day Only</td>
<td>€80</td>
<td>€80</td>
<td>€80</td>
</tr>
</tbody>
</table>

* Become an ESID member 2020/2021 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 2020/2021 prior to registering to the Congress. For more information on ESID membership please visit www.esid.org or contact the ESID Membership Services 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 the registration deadline.

** ESID Member Junior – Reduced fee for:
– Members under 35 years of age (please indicate your date of birth and upload a copy of your ID)
– Members between 35 and 40 years of age who are still in training (please indicate your date of birth and upload a copy of your ID)

*** INGID Member - In order to obtain the special fee for nurses, please login with the email address and last name you have used on your application for INGID Membership

**** 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

**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: ____________________ 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 : ESID 2020 Congress, Birmingham (Account Holder: Kenes International)
Bank Details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Account Number: 1500934-92-213
IBAN Number: CH84 0483 5150 0934 9221 3
Bank Code: 4835
Swift No: CRESCHZZ80A