



35TH ANNUAL MEETING OF THE
**EUROPEAN SOCIETY FOR
PAEDIATRIC INFECTIOUS
DISEASES**

Organised jointly by ESPID and the ESPID Foundation



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_espid17@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 **3 weeks prior** to the Meeting. Please do not send preliminary name lists.
5. **Onsite group registration pick-up** for groups leaders will be available upon request. Please advise if you will require a group collective pick-up, or if the delegates will be collecting their registrations individually.
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 March 29, 2017 – full refund.
 - Cancellations received between March 30 and May 17, 2017 – 50% will be refunded.
 - After May 18, 2017 – no refund.
8. Fees for Meeting participants include:
 - Refreshments during breaks as indicated in the programme
 - Opening Ceremony and Welcome Reception
 - Bill Marshall Award and Lecture
 - Meet The Professor Sessions, on a first come first serve basis

9. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



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REGISTRATION CATEGORIES

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

	Early Bird Up to and including March 29, 2017	Regular March 30 – May 16, 2017	Onsite From May 17, 2017
ESPID Member*	€ 170	€ 280	€ 380
Non Member	€ 585	€ 685	€ 795
Student/Nurse**	€ 70	€ 140	€ 200
Resident/Fellow**	€ 260	€ 380	€ 480

* **ESPID Member:** In order to benefit from the reduced member rates, ESPID membership fees must be paid and confirmed for 2017. For more information concerning your membership, please contact: espidmembership@kenes.ch

** **Student/Nurse/Resident/Fellow:** In order to benefit from the special fee, a document to verify your status must be sent by email.

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: 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



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MADRID
SPAIN
23-27 MAY
2017

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:

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: _____



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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 paypr and should be paid at source in addition to the registration fees.

Please make drafts payable in EUR only to:

ESPID 2017, Madrid, Spain (Account holder: Kenes International)

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

Clearing number: 4835

Account Number: 693980-52-861

IBAN: CH08 0483 5069 3980 5286 1

Swift code: CRESCHZZ12A

This form was submitted by:

Full Name: _____

On Bahalf of (company name): _____

Signature _____

Date _____