



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_phab20@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 Conference. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Conference (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 Conference.
 - Cancellations received until and including June 3, 2020 – full refund
 - Cancellations received between June 4, 2020 and August 26, 2020 – 50% will be refunded
 - As of August 27, 2020 – no refund will be made.
9. Fees for Conference participants include:
 - Attendance in all scientific sessions
 - Delegate bag including all conference printed material
 - Invitation to the Networking Reception
 - Refreshments as indicated in the program
 - Entrance to the exhibition

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration fees are in EUR and include 21% VAT. In a case of a change in VAT, the registration fee will be updated accordingly.

Fees apply to payments received prior to the indicated deadlines:

	EARLY RATE UNTIL JUNE 2, 2020	REGULAR RATE JUNE 3 – AUGUST 4, 2020	LATE RATE FROM AUGUST 5, 2020
Standard Delegate	€ 550	€ 650	€ 700
Low & Low-Middle Income Countries Nationality*	€ 450	€ 550	€ 550
Students**	€ 450	€ 550	€ 550
Private Sector Representative	€ 650	€ 750	€ 800

*Low income/Low-Middle countries are defined according to the World Bank Country Classification. [Click here](#) for more information on the Country Classification data according to the World Bank website. Click here

** Proof of Student – In order to benefit from the special fee, a submission of your status confirmation (approval letter signed by the Head of Department or copy of your status ID) must be uploaded during the Online registration.

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: Paper/Panel Presenters

In case there are Paper/Panel Presenters among the group delegates, please advise the names and paper/panel numbers in advance in order to guarantee the paper/panel will remain in the Scientific Program.

Please mark below accordingly:

There are no paper/panel presenters in this group

Attached is a list of the paper/panel 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 Conference.

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 Conferences' 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: PHAB 2020, Hague, Netherlands (account holder: Kenes International)

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

Clearing number: 4835

Account number: 1500934-92-187

Swift code: CRESCHZZ80A

IBAN number: CH10 0483 5150 0934 9218 7