



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_auto20@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 Congress. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Congress (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 Congress.
 - Cancellations received up to and including **February 25, 2021** – full refund
 - Cancellations received from **February 26 to May 4, 2021** – 50% refund
 - Cancellations received after **May 5, 2021** – no refund
9. Fees for Congress participants include:
 - Participation in scientific sessions
 - Entrance to the exhibition
 - Invitation to the opening ceremony and welcome reception
 - Coffee and Lunch breaks – as indicated in the program
 - Refreshments during program break times
 - The printed material of the Congress
 - Certificate of attendance (sent via email after the congress)

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

REGISTRATION FEES (RATES ARE IN EUR)

Fees apply to payments received prior to the indicated deadlines.

	EARLY RATE UNTIL FEBRUARY 25, 2021	REGULAR RATE FEBRUARY 26 - MAY 4, 2021	ONSITE RATE FROM MAY 5, 2021
Full Participant	€660	€760	€860
Trainee (Students/Fellows/Nurses)*	€410	€460	€510
Academy of Autoimmunity- Registered Participants	€200	€200	€200
Academy of Autoimmunity Non-Registered Participants	€ 250	€ 250	€ 250

* * **Trainee/Students/Fellows/Residents:** An official letter of the institution (PDF format), originally stamped and signed by the head of the department confirming this status must be uploaded during the 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 Congress.

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:

Kenes International (AUTO 2020 Congress, Athens)
Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland
Clearing number: 4835
Account number: 1500934-92-154
Swift code: CRESCHZZ12A
IBAN number: CH28 0483 5150 0934 9215 4