



The 8th Congress of the
**EUROPEAN ACADEMY OF PAEDIATRIC
SOCIETIES**
October 16-20, 2020, Barcelona

GROUP REGISTRATION CONTRACT

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_eaps20@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 EURO 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 Conference.
 - Cancellations received up and including July 23, 2020 – full refund
 - Cancellations received between From July 24, 2020 until October 6, 2020 – 50% will be refunded
 - Cancellations received from October 7, 2020 – no refund will be made
9. Fees for Congress's participants include:
 - Opening Ceremony and Welcome Reception
 - Attendance to all scientific sessions
 - Entrance to the Exhibition
 - Coffee breaks and refreshments according to the programme

10. 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 EURO (Fees apply to payments received prior to the deadlines):

| | Early Rate until July 22, 2020 | Regular Rate from July 23 - until October 5, 2020 | Onsite Rate from October 6, 2020 |
|---|-----------------------------------|---|-------------------------------------|
| Member* | € 450 | € 550 | € 650 |
| Non-Member | € 600 | € 690 | € 790 |
| Member* – Nurse/Young Investigator/Pharmacist / Physiotherapist** | € 265 | € 320 | € 350 |
| Non-Member - Nurse/Young Investigator/Pharmacist/ Physiotherapist** | € 310 | € 390 | € 420 |
| Nurses *** – 2-day Attendance (Oct. 17-18 or Oct. 18-19) | € 240 | € 290 | € 320 |
| Nurses** 3-day Attendance (Oct.17-19) | € 255 | € 305 | € 335 |
| Students/ Residents*** | € 120 | € 180 | € 250 |
| Low & Lower-Middle-Income Countries **** | | | |
| Member* Low & Lower - Middle Income Countries | € 290 | € 375 | € 440 |
| Non-Member Low & Lower - Middle Income Countries | € 350 | € 450 | € 520 |
| Nurse/Young Investigator/ Pharmacist/Physiotherapist** Low & Lower - Middle Income Countries | € 265 | € 320 | € 350 |
| Optional Workshops (For Registered Participants Only) | | | |
| Pre-Congress Workshop | € 50 | | € 85 |
| Pre-Congress Workshop - Nurses | € 35 | | € 50 |



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| Optional Functions (for Registered Participants only) | |
|--|-----|
| Networking Event | €60 |

* **Members of the organizing societies: EAP, ESPNIC & ESPR and the collaborating societies: AEPC, EAPC, EPNS, ERS, ESPA, ESPE, ESPGHAN, ESPN, EUSEM and the Catalan Paediatric Society.** This refers to individual members, who have an active membership upon registration and during the Congress.

Members are required to specify their membership association, and membership number (if applicable) during the online registration.

** **Nurse / Young Investigator / Pharmacist / Physiotherapist:** In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration (i.e. approval letter signed by the Head of Department or copy of your status ID).

Note, Young Investigators must be under the age of 35 at the time of the congress

*** **Student/Resident:** In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration (i.e. approval letter signed by the Head of Department or copy of your status ID).

**** **Low & Lower Middle-Income Countries:** Please [click here](#) to see the list of applicable countries.

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: _____



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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 Program.

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 onsite will be available, 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.



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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 _____



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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: _____
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: EAPS 2020 Congress, Barcelona

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-180

IBAN No: CH05 0483 5150 0934 9218 0