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## 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\\_isprm18@kenes.com](mailto:reg_isprm18@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 EUR 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 Congress.**
  - Cancellations received until and including April 11, 2018 – full refund
  - Cancellations received between April 12 and June 27, 2018 – 50% will be refunded
  - As of June 28, 2018 – no refund will be made
9. Fees for Congress participants include:
  - Admission to sessions
  - Admission to exhibition
  - Meeting publications
  - Invitation to the Welcome Reception
  - Refreshments

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

|  | Early<br>until April 11, 2018 | Regular<br>from April 12 to June<br>19, 2018 | Onsite<br>from June 20, 2018 |
|--|-------------------------------|--|------------------------------|
| <b>Full Participants<br/>Member ISPRM/SOFMER/<br/>BSPMR/ESPRM*</b> | <b>560 €</b>                  | <b>660 €</b>                                 | <b>810 €</b>                 |
| <b>Full Participants Non Member</b>                                | <b>660 €</b>                  | <b>760 €</b>                                 | <b>910 €</b>                 |
| <b>ISPRM Member – Low and Low Middle<br/>Income Countries**</b>    | <b>310 €</b>                  | <b>440 €</b>                                 | <b>540 €</b>                 |
| <b>Trainee<br/>(Students/Fellows/Residents)***</b>                 | <b>210 €</b>                  | <b>310 €</b>                                 | <b>460 €</b>                 |
| <b>Allied Health Care Professional ****</b>                        | <b>310 €</b>                  | <b>410 €</b>                                 | <b>560 €</b>                 |

\* ISPRM/ESPRM/ SOFMER/BSPMR members: All ISPRM individual members and members of ISPRM National Societies, who pay dues to ISPRM as a Society member, are eligible for the reduced registration fee for members. To continue to register at this rate you must have completed your ISPRM membership registration.

If you are a member of a National Society, you can click [here](#) to complete your ISPRM membership. You will need a special code which is provided to you by your National Society. If you would like to join ISPRM as an individual member click [here](#) to apply. If you have any questions about your membership please contact: [isprmmembership@kenes.com](mailto:isprmmembership@kenes.com)

\*\* ISPRM Member – Low income and Lower-middle-income Countries: as defined according to the World Bank Country Classification. [Click here](#) for more information on the Country Classification.

\*\*\* 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 provided during the registration process.

\*\*\*\* Allied Health Care Professional: Refers to Nurse/Physiotherapist/Psychologist/Dietician /Social Worker/Occupational Therapist/Speech Therapist / P&O Professionals – 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 provided during the 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:** \_\_\_\_\_



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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 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: \_\_\_\_\_

**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 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:

**Account Name: ISPRM 2018 Congress, Paris (Account holder: Kenes International)**

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

**Bank Code: 4835**

**Swift No: CRESCHZ80A**

**Account Number: 693980-52-986**

**IBAN No: CH28 0483 5069 3980 5298 6**