



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_ecim21@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. 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 Congress.

- Cancellations received up to and including 19 January 2021 – full refund
- Cancellations received between 20 January and 2 March 2021 – 50% refund
- After 3 March 2021 – no refund will be made

8. Fees for Participants Include:

- Access to all scientific content: pre-recorded & live interactive sessions
- After the official congress days – access for up to 3 months to all available content
- Access to all e-posters
- Access to the virtual exhibition hall
- Access to Industry sessions
- Online networking opportunities
- Earn CME credits

9. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration Fees in EURO:

Category	Rate
EFIM Member*	€ 175
Non-Member	€ 250
Young Internist**	€ 115
Student**	€ 25
Low Income Countries***	€ 45
Pre-Congress Workshop****	Free

* Members are required to indicate the [relevant Society](#).

** To register under these categories, an official document to verify the status must be provided.

Young Internists (up to 35 years old) must send copy of identity card as a proof of age.

*** Low-income Countries registration fee refers to Low-income economies, as defined according to the World Bank Country Classification; [click here](#) for more information on the Country Classification data.

****Pre-Congress Workshops: Tickets will be available on a first-come first-served basis. Each workshop has limited places. Applicable for Congress participants only. For further details, please [click here](#).

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

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 _____

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.



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: ECIM 2021 Congress

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

Account Number: 1500934-92-242

IBAN Number: CH77 0483 5150 0934 9224 2

Bank Code: 4835

Swift No: CRESCHZZ80A