



38TH ANNUAL MEETING OF THE
**EUROPEAN SOCIETY FOR
PAEDIATRIC INFECTIOUS
DISEASES**

Organised jointly by ESPID and the ESPID Foundation

VIRTUAL
MEETING
26-29 OCTOBER
2020



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_espid20@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 Meeting. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Meeting (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 Meeting.
 - Cancellations received up to and including September 2, 2020 – full refund
 - Cancellations received between September 3 and October 14, 2020 – 50% refund
 - After October 15, 2020 – no refund will be made
8. The ESPID 2020 virtual meeting will offer the participants a full virtual experience and the opportunity to take part in every aspect of the programme including:
 - Open access to all presentations and session recordings
 - Networking with colleagues
 - CME credits
 - Access to all the e-posters
 - Opportunity to join the debate
 - Access to the virtual exhibition hall
 - All sessions will be available on demands for up to 3 months after the virtual meeting.

9. 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):

Category	Rate
ESPID Member*	€ 150
Non-Member	€ 340
Resident/Fellow**	€ 200
Student/Nurse**	€ 50

* ESPID Member: Registration as an ESPID Member is possible only once the membership fees for 2020 are confirmed by the ESPID Membership Department. For more information concerning your membership, please contact: admin@espid.org

** Student/Nurse/Resident/Fellow: in order to benefit from the special fee, a submission of your status confirmation 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: _____



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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

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.



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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: ESPID 2020 Congress, Rotterdam

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

Account Number: 1500934-92-178

IBAN Number: CH59 0483 5150 0934 9217 8

Bank Code: 4835

Swift No: CRESCHZZ80A