

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_chest21@kenes.com
3. Please send the final name list no later than **4 weeks prior** to the Online Event. Please do not send preliminary name lists.
4. Name changes will be permitted free of charge until **2 weeks prior** to the Online Event (up to 15% of the participants' names). After this date, any name change will be subject to 30 EUR charge per name.
5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
6. **Cancellation policy: refunds for groups will be processed after the Online Event.**
All cancellations must be electronically mailed. Refund of the registration fee will be as follows:
 - Cancellations received up to and including April 21, 2021 – full refund.
 - Cancellations received from April 22 until May 12, 2021 – 50% refund.
 - From May 13, 2021 – no refund will be made.
7. **Fees for Participants Include**
 - **Open access to all presentations and session recordings.** Create your own schedule, attend all of the sessions whenever and wherever.
 - **Network with colleagues.** Browse a list of participants and click on their name to contact them.
 - **Earn CME credits.** Participate in the scientific programme and be eligible to receive the number of CME credits attributed to the online event.

8. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

REGISTRATION CATEGORIES:

Fees apply to payments received in EUR

Registration Category	Early Rate Until May 26, 2021	Regular Rate From May 27, 2021
Online Event Fee	89 EUR	129 EUR

Total Group Participants:

PAYMENT INFORMATION:

Billing Address: (to appear on invoice and receipt):

VAT number: _____

Data Protection:

I confirm that prior to transferring Kenes the group delegates contacts, our company has obtained consent from the individuals concerned

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 Online Events' to charge the below credit card for
_____ USD

Credit Card details to be charged: Type: Visa / MasterCard / AMEX

Number:

Expiration date: _____

Name of Card holder: _____

Address: (as per Credit card records):

Telephone number: _____

Security digits (on the back of the credit card): _____

Signature of Card Holder:

2. Bank Transfer Payment:

- Please ensure that the name of the meeting and of the group is stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid at source in addition to registration fees.
- Registration will only be valid upon receipt of the full payment by the registration department according to the deadlines indicated. An email confirming the registration will only be sent after receipt of the required fees.

• **Please make drafts payable to:**

Account Name: CHEST 2020, Bologna (Account holder: Kenes International)

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-177

IBAN No: CH86 0483 5150 0934 9217 7