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_siop21@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 30 USD 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 and including July 28, 2021 – full refund.
   - Cancellations received between July 29 until October 4, 2021 – 50% will be refunded
   - As of October 5, 2021 – no refund will be made.

8. **Fees for Congress participants include**:
   - Open access to all presentations and session recordings. Create your own schedule, attend any and 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 virtual meeting.
   - Access all the e-posters. Browse research on the hottest topics published in the congress digital abstract book and connect with the abstract authors and other colleagues from around the world through the e-poster virtual consultations.
   - Join the debate. Attend a session recorded and streamed live to allow participation delegates from all over the world to participate in live conversations.
   - Give feedback. Use the short session surveys to rate the sessions and help us improve the overall quality of the programme.
   - Visit the virtual exhibition hall. Journey through the exhibition booths, explore the displayed materials, contact exhibitors directly, and chat with other visitors.

9. **Please fill in the below information**:
   - **Company (Group Name):** ________________________________
   - **Booking Agency (if relevant):** __________________________
   - **Contact Person:** ________________________________
   - **Email:** ________________________________
## REGISTRATION CATEGORIES

Registration Fees in USD (Fees apply to payments received prior to the deadlines):

<table>
<thead>
<tr>
<th>REGISTRATION CATEGORIES</th>
<th>EARLY BIRD UNTIL JULY 27, 2021</th>
<th>LATE FEES FROM JULY 28, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIOP/IPSO/PROS Member*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians – High Income Countries</td>
<td>$200</td>
<td>$250</td>
</tr>
<tr>
<td>Physicians – Upper Middle Income Countries</td>
<td>$120</td>
<td>$150</td>
</tr>
<tr>
<td>Nurse/Other Professions, HCP *** – High Income Countries</td>
<td>$120</td>
<td>$180</td>
</tr>
<tr>
<td>Nurse/Other Professions, HCP*** – Upper Middle Income Countries</td>
<td>$75</td>
<td>$120</td>
</tr>
<tr>
<td>All professionals - Low &amp; Lower-middle Income Countries **</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Trainee****/CCI</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Clinical research associate, clinical research nurse or data manager</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Non-Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians – High Income Countries</td>
<td>$450</td>
<td>$540</td>
</tr>
<tr>
<td>Physicians – Upper Middle Income Countries</td>
<td>$225</td>
<td>$275</td>
</tr>
<tr>
<td>Nurse/Other Professions, HCP *** – High Income Countries</td>
<td>$240</td>
<td>$300</td>
</tr>
<tr>
<td>Nurse/Other Professions, HCP*** – Upper Middle Income Countries</td>
<td>$120</td>
<td>$180</td>
</tr>
<tr>
<td>All professionals - Low &amp; Lower-middle Income Countries **</td>
<td>$50</td>
<td>$100</td>
</tr>
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<td>$50</td>
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<tr>
<td>Clinical research associate, clinical research nurse or data manager</td>
<td>$50</td>
<td>$100</td>
</tr>
</tbody>
</table>
* SIOP, IPSO and PROS Members: in order to apply for this category, please ensure your membership is approved and fees are paid for 2021 before you start the registration process. Registration will not be confirmed otherwise.

Important! In order to benefit from SIOP Membership reduced rate – please apply for membership at least 5 working days prior to registration deadline.

** Low income & Lower-middle-income economies as listed here and defined according to the World Bank Country Classification. Click here to see the list of countries.

*** Psycho social workers and Health care professionals.

**** Proof of Trainee status is mandatory – 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 uploaded during the Online registration. In order to prevent these groups from being actively approached with advertising, they will be identified as such.

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 Program.

**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: ____________________________

**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 Congresses’ to charge the below credit card for the amount of: ___________ USD

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 USD only to:

Account name: SIOP 2021 Congress (Account holder: Kenes International)
Bank details: Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland
Clearing number: 4835
Account number: 1500934-92-307
Swift code: CRESCHZZ80A
IBAN number: CH68 0483 5150 0934 9230 7