



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):

REGISTRATION CATEGORIES	EARLY BIRD UNTIL JULY 27, 2021	LATE FEES FROM JULY 28, 2021
SIOP/IPSO/PROS Member*		
Physicians – High Income Countries	\$ 200	\$ 250
Physicians – Upper Middle Income Countries	\$ 120	\$ 150
Nurse/Other Professions, HCP *** – High Income Countries	\$ 120	\$ 180
Nurse/Other Professions, HCP*** – Upper Middle Income Countries	\$ 75	\$ 120
All professionals - Low & Lower-middle Income Countries **	\$ 30	\$ 60
Trainee****/CCI	\$ 30	\$ 60
Clinical research associate, clinical research nurse or data manager	\$ 30	\$ 60
Non-Member		
Physicians – High Income Countries	\$ 450	\$ 540
Physicians – Upper Middle Income Countries	\$ 225	\$ 275
Nurse/Other Professions, HCP *** – High Income Countries	\$ 240	\$ 300
Nurse/Other Professions, HCP *** – Upper Middle Income Countries	\$ 120	\$ 180
All professionals - Low & Lower-middle Income Countries **	\$ 50	\$ 100
Trainee****/CCI	\$ 50	\$ 100
Clinical research associate, clinical research nurse or data manager	\$ 50	\$ 100

* 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**

SIOP 2021
53RD CONGRESS OF THE
INTERNATIONAL SOCIETY OF
PAEDIATRIC ONCOLOGY
VIRTUAL CONGRESS
OCTOBER 21-24, 2021



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