



INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY  
LYON, FRANCE | OCTOBER 23-26, 2019

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\\_siop19@kenes.com](mailto:reg_siop19@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 euro charge per name.
6. **Onsite group registration pick-up** for groups leaders will be available upon request.
7. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
8. **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 31, 2019 – full refund.
  - Cancellations received between August 1 until September 24, 2019 – 50% will be refunded
  - As of September 25, 2019 – no refund will be made.
9. Fees for Congress participants include:
  - Attendance to all scientific sessions
  - Invitation to the Opening Ceremony and Welcome Reception
  - Entrance to the exhibition
  - Refreshments according to the congress timetable
10. Please fill in the below information:  
Company (Group Name): \_\_\_\_\_  
Booking Agency (if relevant): \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_



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**REGISTRATION CATEGORIES:**

Fees (in EUR) apply to payments received prior to the indicated deadlines.

Registration categories	Early Bird until July 31, 2019	Regular fees from August 1 until September 24, 2019	Onsite fees from September 25, 2019
SIOP/IPSO/PROS Member*	540€	815€	1020€
Member - Low Income Country **	360€	545€	699€
Member - Young Investigators ***	360€	545€	699€
Member - Nurse *	360€	535€	670€
Non-Members	890€	995€	1180€
Students/Residents/Fellows ****	355€	399€	530€
Nurses	500€	565€	710€
HCP *****	500€	565€	710€
Parents /CCI	360€	535€	670€

\* SIOP, IPSO and PROS Members: in order to apply for this category, please ensure your membership is approved and **fees are paid for 2019 before you start the registration process**. Registration will not be confirmed otherwise.

Join or renew your SIOP Membership - [click here](#)

**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 Country registration fee refers to Low income and Lower-middle-income economies as listed here and defined according to the World Bank Country Classification. [Click here](#) to see the list of countries

\*\*\* SIOP Member - Young Investigators aged 39 or less.

\*\*\*\*Students/Residents/Fellows - 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.

\*\*\*\*\* Psycho social workers and Health care professionals

**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

**Group Registration Pick-up**

Group registration collective pick-up will be available onsite, an appointment must be coordinated in advance. Exact times will be advised prior to the Congress.

**Note:** in case of group registration pick-up, individual barcode confirmation letters will not be sent to group participants.

**We strongly recommend individual pick-up.**

**Please mark below accordingly:**

- Group registration pick-up is required
- No group pick-up, the delegates will be collecting their registrations individually.

**Programme Book**

As in previous years we will develop a congress app for the SIOp 2019 Congress. All the congress information will be available on the app: Time table, abstracts, posters, social events, exhibition details and much more.

In addition to that we will still produce the congress programme book. Thinking of the environment, we would like to print as little as possible and we would appreciate if you could advise re the below for all participants in your group:

- I would like to get a printed copy of the Congress Programme Book.
- I do not require a printed copy of the Programme Book.

**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.

**This form was submitted by:**

Full Name: \_\_\_\_\_  
On Behalf of (company name): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



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**PAYMENT INFORMATION:**

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

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VAT number:

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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: \_\_\_\_\_ euro

**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.
- Please make drafts payable to:

**Account Name:** SIOP 2019 Congress, Lyon, France (Account holder: Kenes International)  
**Bank details:** Credit Suisse Geneva, 1211 Geneva 70, Switzerland  
**Bank Code:** 4835  
**Swift No:** CRESCHZZ80A  
**Account Number:** 1500934-92-129  
**IBAN No:** CH24 0483 5150 0934 9212 9