

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\\_siop20@kenes.com](mailto:reg_siop20@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 EUR 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 September 2, 2020 – full refund
  - Cancellations received between September 3 until September 30, 2020 – 50% will be refunded
  - As of October 1, 2020 – 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: \_\_\_\_\_



**INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY  
VIRTUAL CONGRESS | OCTOBER 14-17, 2020**

**REGISTRATION CATEGORIES:**

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

<b>REGISTRATION CATEGORIES</b>	<b>Early Bird</b> until September 1, 2020	<b>Late fees</b> from September 2, 2020
SIOp/IPSO/PROS Member* – Physicians	EUR 50	EUR 75
SIOp/IPSO/PROS Member* – Other Professions, HCP****	EUR 50	EUR 75
SIOp/IPSO/PROS Member* – Low & Lower- Middle Income Country **	EUR 25	EUR 50
SIOp/IPSO/PROS Member* – Students/Residents/Fellows***	EUR 25	EUR 50
SIOp/IPSO/PROS Member* – Parents (High & Upper-Middle Income Countries)	EUR 50	EUR 75
SIOp/IPSO/PROS Member* – Parents (Low & Lower-Middle Income Countries**)	EUR 25	EUR 50
Non-Member – Physicians	EUR 275	EUR 300
Non-Member – Other Professions, HCP****	EUR 175	EUR 200
Non-Member – Low & Lower-Middle Income Countries**	EUR 175	EUR 200
Non-Member – Students/Residents/Fellows***	EUR 175	EUR 200

\* SIOp, IPSO and PROS Members: in order to apply for this category, please ensure your membership is approved and fees are paid for 2020 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 & Lower-middle-income economies as listed here and defined according to the World Bank Country Classification. [Click here](#) to see the list of countries

\*\*\*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

**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: \_\_\_\_\_

**PAYMENT INFORMATION:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_ EUR

**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 2020 Congress (Account holder: Kenes International)**

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

**Bank Code: 4835**

**Swift No: CRESCHZZ80A**

**Account Number: 1500934-92-260**

**IBAN No: CH76 0483 5150 0934 9226 0**