



GROUP REGISTRATION POLICY

The group registration process is valid for a minimum of 10 delegates or more.

In order to facilitate your group registration, please complete this form and send it by e-mail to reg_ISBD17@kenes.com or by fax to "ISBD 2016 Registration Department" [+41 22 9069140](tel:+1229069140). Once the complete and signed form is received, we will issue an Invoice and send it by email.

In order to benefit from the reduced registration fees, please ensure that the signed form and payment are received **before the indicated Registration deadlines**.

At this stage the name list of delegates is not required; you are welcome to register your group by stating number of participants only and send us the **FINAL names** no later than **April 04th, 2017**.

Please do not send preliminary name lists.

Please note, if you have Abstract submitters in your group, please send us the names before the Abstract submitting deadline in order to include them in the 'registered delegates' list.

Name changes (up to 15% of total participants) will be permitted free of charge until **April 20th, 2017**. After this date, any name change will be subject to **30 Euro** charge per name.

On site Pre-Registration pick up for groups will be available upon request; at this meeting you will receive the registration kits and Congress materials. Further details will be provide at a later stage.

Cancellation policy:

All cancellations must be electronically mailed. Refund of registration fee will be as follows:

- **Cancellations received up and including February 21, 2017 - Full refund**
- **From February 22, 2017 – No refund**

* Refund will be made after the Congress.

Registration fees includes:

- Admission to the scientific sessions
- Entrance to the exhibition
- Invitation to the opening ceremony and welcome reception
- Refreshments during coffee breaks
- Certificate of attendance

Company _____ Signature _____ Date _____.



GROUP REGISTRATION FORM

Registration Fees (In USD):

Fees apply to payments received prior to the indicated deadlines.

Category	Early rate Up to and including February 21, 2017	Regular rate From February 22, 2017 up April 03, 2017	Onsite rate From April 04, 2017
ISBD Member A3	\$830	\$930	\$1030
Non Member A3	\$930	\$1030	\$1130
ISBD Member A1+A2	\$550	\$650	\$750
Non Member A1+A2	\$650	\$750	\$850
Resident, Specialists Trainees*	\$195	\$295	\$395
Psychiatric Nurses, Psychiatric Social Workers*	\$350	\$450	\$550
Special Offer: Membership & Registration A3	\$920	\$1020	\$1120
Special Offer: Membership & Registration A1+A2	\$640	\$740	\$840
Full Day Teaching Course***	\$225	\$225	\$280
Half Day Teaching Course***	\$170	\$170	\$225
Full Day Teaching Course (Trainees)	\$110	\$110	\$165
Half Day Teaching Course (Trainees)	\$90	\$90	\$145

To determine which fee type to select (as defined according to the [World Bank](#) Country Classification [list of countries](#))

A3 - High income & Upper-middle-income countries
 A1 + A2 - Low-income & Low-middle-income countries

* Applicants for this category- 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.

***Tickets will be sold on a first-come first-served basis. Each course has limited places. Applicable for Conference participants only.

Group Registration details:

Required category: _____ No. of registrations required: _____

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Pharmaceutical company: _____

Details as should appear on Invoice:

Company name: _____

VAT number (**mandatory**): _____

Full Address: _____

Country: _____

Payment methods:

Payment is accepted by credit card or bank transfer*.

Chosen payment method (Bank transfer/VISA/AMEX/MasterCard) _____

Credit card payment is subject to additional **4% commission**.

This form was submitted by:

Contact person: _____

Company name: _____

E-mail: _____

Signature: _____

Date: _____

*** Bank Transfer info & instructions:**

- Please ensure that the name of the Congress and the invoice number are stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid in addition to the registration fees.
- Payment in USD only

Bank account details:

Account Name: ISBD 2017 Conference (account holder: Kenes International)

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

Bank Code: 4835, Swift No: CRESCHZZ12A, Account Number: 693980-52-894

IBAN No: CH87 0483 5069 3980 5289 4