



2017 MEETING OF THE
**EUROPEAN SOCIETY FOR
 IMMUNODEFICIENCIES**
 EDINBURGH, UK | 11-14 SEPTEMBER 2017



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_esid17@kenes.com or by fax to "ESID 2017 Registration Department" [+41 22 9069140](tel:+41229069140).
 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 **August 30th, 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 **September 1st, 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 June 21, 2017 – full refund**
- **Cancellations received between June 22 to September 4, 2017 – 50% will be refunded**
- **From September 5, 2017– no refund will be made**

* Refund will be made after the Congress.

Registration fees includes:

- Attendance to all scientific sessions
- Delegate's bag with Congress material
- Entrance to the Exhibition (except for IPOPI participants)
- Coffee breaks and light refreshments between sessions
- Invitation to the Welcome Reception

Company _____ Signature _____ Date _____.



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GROUP REGISTRATION FORM

Registration Fees (In GBP):

Fees apply to payments received prior to the indicated deadlines.

	Early Bird Up to and including June 20, 2017	Regular Rate From June 21, 2017 up to and including August 29, 2017	Late Rate From August 30, 2017
ESiD Member *	£350	£435	£480
ESiD Member Junior **	£200	£250	£300
Non Member	£565	£650	£700
INGiD Member***	£140	£195	£285
IPOPI Member	£140	£195	£285
Networking Event	£65	£65	£65
Networking Event - ESiD Member Junior Rate	£40	£40	£40
Local Nurses One Day Only ***	£100	£100	£100
Educational Day Only	£100	£100	£100

** ESiD Junior Member - Reduced fee for under 35 years of age. Please indicate your date of birth and send a copy of your passport.

*** In order to obtain the special fee for Nurse, a status approval letter must be uploaded during the online registration process.



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Group Registration details:

Required category: _____ No. of registrations required: _____
 Required category: _____ No. of registrations required: _____
 Required category: _____ No. of registrations required: _____

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 Euro only

Bank account details:

Kenes International (ESID 2017 Congress Edinburgh)

Credit Suisse Bank Geneva Branch, 1211 Geneva 70, Switzerland

Clearing number: 4835

Account number: 693980-52-910

Swift code: CRESCHZZ12A IBAN number: CH43 0483 5069 3980 5291 0