



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_echest19@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 Euro 30 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 until and including April 17, 2019 – full refund
 - Cancellations received between April 18 and June 12, 2019 – 50% will be refunded
 - As of June 13, 2019 – no refund will be made
9. **Fees for Congress participants include:**
 - Participation in all scientific sessions
 - Welcome Reception
 - Entrance to the Exhibition
 - Refreshments as indicated in the program
 - Printed Congress materials

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration Fees in Euro (Fees apply to payments received prior to the deadlines):

	EARLY DEADLINE UNTIL APRIL 17 2019	REGULAR RATE FROM APRIL 18 TO JUNE 12, 2019	ONSITE RATE FROM JUNE 13, 2019
CHEST Member*	€450	€580	€680
Non member	€650	€750	€850
Industry Fee	€900	€900	€900
Local and Low-income Countries**	€400	€550	€650
Trainee (Students / Fellows / Nurses / Nonphysicians)***	€250	€300	€350

*CHEST Member: registration as a CHEST Member is possible only for active CHEST members. For more information concerning your membership, please contact: reg_echest19@kenes.com

** Low-income Countries: Low and low-middle income countries, as defined according to the World Bank Country Classification. [Click here](#) for more information on the country classification.

*** Trainee (Student/Fellow/Nurse/Non-physician): An official letter from the institution (PDF format), originally stamped and signed by the head of the department confirming this status, must be uploaded during the registration process.

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

Group Registration Pick-up

Group registration collective pick-up onsite will be available on request, 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.

PAYMENT DETAILS

Payment information:

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

VAT number: _____

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 _____

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

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 Euro only to:

Account Name: CHEST Regional Congress 2019, Athens, Greece (Account holder: Kenes International)

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 0251-1500934-92-128

IBAN No: CH51 0483 5150 0934 9212 8