



11TH INTERNATIONAL
SYMPOSIUM ON
PNEUMOCOCCI &
PNEUMOCOCCAL
DISEASES

MELBOURNE
2018
15-19 APRIL



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_isppd18@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 USD 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 up to and including Tuesday, 13th February, 2018 – full refund
 - Cancellations received between Wednesday, 14th February and Wednesday, 4th April, 2018 – 50% refund
 - Cancellations received after Thursday, 5th April, 2018 – no refund
9. Fees for Congress participants include:
 - Participation in all scientific sessions
 - Symposium Material
 - Access to the exhibition
 - Refreshments as indicated in the scientific programme
 - Invitation to the Networking Reception and Opening Ceremony

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



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REGISTRATION CATEGORIES

Fees apply to payments received prior to the indicated deadlines.

Please note that all fees are in USD.

	Early Bird Rate Until 13 th February, 2018	Regular Rate From 14 th February until 4 th April, 2018	Onsite Rate From 5 th April, 2018
Full Participants	\$ 550	\$ 665	\$ 800
Developing Countries *	\$ 400	\$ 500	\$ 600
Student /Trainee **	\$ 250	\$ 375	\$ 500
Daily Fee	\$ 200		

* **Developing countries registration fee refers to *Low income* and *Lower-middle-income* economies, as defined according to the World Bank Country Classification; [click here](#) for more information on the Country Classification data.**

** **Proof of Student/Trainee status is mandatory – 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.**

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 Programme.

Please mark below accordingly:

There are no abstract presenters in this group

Attached is a list of the abstract presenters in this group



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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.

PAYMENT DETAILS

Payment information:

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

VAT number: _____

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: _____ USD

Type: Visa / MasterCard / AMEX

Number: _____



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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 USD only to:

Account Name: ISPPD 2018 Congress, Melbourne (Account holder: Kenes International)

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

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-6

IBAN No: CH47 0483 5150 0934 9200 6