

**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\\_ecim23@kenes.com](mailto:reg_ecim23@kenes.com)
3. In order to benefit from the 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 until and including February 1, 2023 – full refund
  - Cancellations received between February 2 until March 1, 2023 – 50% will be refunded
  - From March 2, 2023 – no refund will be made
8. **Fees for all Participants include:**
  - Participation in all scientific sessions
  - Welcome Reception
  - Entrance to the Exhibition
  - Refreshments as per times indicated in the programme
  - Printed Conference materials
  - Certificate of attendance (sent via email after the conference)

**Please fill in the below information:**

Company (Group Name): \_\_\_\_\_

Booking Agency (if relevant): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

### REGISTRATION CATEGORIES

#### Registration Fees (EUR)

Fees that apply to payments received prior to the indicated deadlines.

Category	Early Rate Until 31.01.2023	Regular Rate From 01.02.2023
EFIM Member*	€ 425	€ 500
Non-Member	€ 475	€ 550
Young Internist**	€ 275	€ 325
Fellow***	€ 350	€ 410

\*Members are required to indicate the relevant Society in their registration form.

\*\* In order to register under these categories, an official document to verify your status must be uploaded during the online registration process. Young Internists must send proof of age (up to 35 years old) – Copy of identity card is required.

\*\*\* In order to register under the Fellow Category, you will need to confirm your Fellow ID number during the registration process.

#### Group Registration Details:

**Pharmaceutical company name -** \_\_\_\_\_

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

**Data Protection:**

- I confirm that prior to transferring Kenes the group delegates contacts, our company has obtained consent from the individuals concerned.**

**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:  
\_\_\_\_\_ EUR.

Type: Visa / MasterCard / AMEX

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name of Card holder: \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_

2. Bank Transfer Payment:

- Please ensure that the name of the group/paying company is 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 EUR only to:

**Account name:** ECIM 2023 Congress , Athens  
**Bank details:** Rue François-Versonnex 7, 1207, Geneva, Switzerland.  
**Account number:** 1500934-92-490  
**Clearing number:** 4835  
**Swift code:** CRESCHZZ80A  
**IBAN number:** CH74 0483 5150 0934 9249 0  
**Account holder:** KENES International