



GROUP REGISTRATION CONTRACT

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_aat20@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 Conference. Please do not send preliminary name lists.
5. Name changes will be permitted free of charge until **2 weeks prior** to the Conference (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 Conference.
 - Cancellations received up and including January 9, 2020 – full refund
 - Cancellations received between From January 9, 2020 up to and including March 23, 2020 – 50% will be refunded
 - From March 24, 2020 – no refund will be made
9. Fees for Conference's participants include:
 - Participation in all scientific sessions
 - Printed material of the Meeting
 - Welcome Reception
 - Entrance to the Exhibition
 - Refreshments as per breaks in the program

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):

Category	Early	Regular	Onsite
	Up to and including January 7, 2020	From January 8, 2020 up to and including March 10, 2020	From March 11, 2020
Full Participant	€730	€830	€900
Participants from developing countries**	€480	€580	€630
Trainee (Students/Fellows/Nurses)*	€330	€430	€480

***Proof of Student/Fellow/Nurse 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.

**** Developing countries** are defined according to the World Bank Country Classification of Low income and Lower-middle income economies; click [here](#) to see the Country Classification data.



AAT AD/PD™ 2020

2-5 APRIL 2020 | VIENNA, AUSTRIA

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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, an appointment must be coordinated in advance. Exact times will be advised prior to the Conference.

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 _____



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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 Conferences' 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: AAT 2020 Congress, Vienna
Bank details: CREDIT SUISSE (Switzerland) Ltd.
Bank Code: 4835
Swift No: CRESCHZZ80A
Account Number: 1500934-92-157
IBAN No: CH44 0483 5150 0934 9215 7