



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_wspid22@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 USD 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 January 4, 2022 – full refund.
 - Cancellations received between January 5, 2022 until February 8, 2022 – 50% will be refunded.
 - As of February 9, 2022 – no refund will be made.
8. Fees for all Participants include:
 - Access to all scientific content: pre-recorded & selected live interactive sessions.
 - After the official congress days – access for up to 3 months to all available content
 - Access to the e-poster gallery online
 - Opening Ceremony
 - Access to the virtual Exhibition Area
 - Access to available Industry sessions
 - Online networking opportunities
 - Earn CME credits – participate in the scientific program and be eligible to receive the number of CME credits attributed to the online meeting

Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



**12TH WORLD CONGRESS OF THE WORLD
SOCIETY FOR PEDIATRIC INFECTIOUS DISEASES**
22-24 FEBRUARY 2022 | VIRTUAL CONGRESS



REGISTRATION CATEGORIES

Registration Fees (USD)

Fees apply to payments received prior to the indicated deadline.

Category	Early Rate Until January 3, 2022	Regular Rate From January 4, 2022
High income countries*	\$ 350	\$ 395
Middle income countries*	\$ 250	\$ 295
Low income countries*	\$ 150	\$ 195
Trainee (Students/Fellows/Nurses)**	\$ 150	\$ 195

* Country Classification is defined according to the 'World Bank'. [Click here](#) for more information on the Country Classification data according to the World Bank website.

** Trainee (Students/Fellows/Nurses) – status must be certified – An official supportive letter from the institution, signed by the head of the department confirming your status, or a valid status ID card must accompany the registration.

In order to prevent these groups from being actively approached with advertising, they will be identified as such.

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 _____



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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 Congresses' to charge the below credit card for the amount of:
_____ USD.

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 USD only to:

Account Name: WSPID 2022 Congress

Bank details: CREDIT SUISSE (Switzerland) Ltd.

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-328

IBAN No: CH83 0483 5150 0934 9232 8