



Advanced Technologies
& Treatments for Diabetes

MADRID, SPAIN
19-22 FEBRUARY, 2020

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_attd20@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 EUR 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 December 5, 2019- full refund.
 - Cancellations received between December 6, 2019 and February 6, 2020 - 50% will be refunded .
 - As of February 7 , 2020– no refund will be made.
9. Fees for Congress participants include:
 - Attendance in all scientific sessions
 - Delegate bag including all conference printed material
 - Invitation to the Networking Reception
 - Refreshments as indicated in the program
 - Entrance to the exhibition
 - ATTD 2019 Yearbook - online

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



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REGISTRATION CATEGORIES

Registration fees (in EUR) include 21% VAT. In a case of a change in VAT, the registration fee will be updated accordingly.

Fees apply to payments received prior to the indicated deadlines.

	Early Fee Until December 4, 2019	Regular Fee December 05, 2019- February 5, 2020	On-site Fee From February 6, 2020 and Onsite
Full participant	€545	€640	€725
Student/Fellow/Nurse/Dietitian*		€345	€445

* Proof of Student/Fellow/Nurse/Dietitian 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

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.



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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

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: _____



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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 EUR only to:

Account name: Kenes International (ATTD 2020 Congress, Madrid)

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

Clearing number: 4835

Account number: 1500934-92-169

Swift code: CRESCHZZ80A

IBAN number: CH11 0483 5150 0934 9216 9