



33rd Annual Meeting of the
EUROPEAN SOCIETY FOR
PAEDIATRIC INFECTIOUS
DISEASES

Organized jointly by ESPID and the ESPID Foundation

LEIPZIG, GERMANY, MAY 12-15, 2015

The 33rd Annual Meeting of the European Society for Paediatric Infectious Diseases
Leipzig, Germany May 12 –May 15, 2015

GROUP REGISTRATION POLICY AND FORM

The group registration process is valid for a minimum of 10 delegates or more.

In order to facilitate your group registration, please complete this form together with the payment and return by fax to **ESPID 2015 Registration Department**, fax: +41 22 9069140 or E-mail to: reg_espid15@kenes.com

In order to benefit from the early registration fees, please ensure the signed form and payment is received **before March 12, 2015.**

At this stage the name list of delegates is not required; you are welcome to register your group by stating number of participants only and send us the **FINAL names** no later than **March 25, 2015**; please do not send preliminary name lists.

Name changes (up to 15% of total participants) will be permitted free of charge until **April 25nd, 2015**; after this date, any name change will be subject to 20 EUR charge per name.

On site Pre-Registration pick up for groups will be available upon request; Groups' representatives are welcome to coordinate a personal meeting with Ms. Orna Gilboa. At this meeting you will receive the registration kits, bags and meeting material. We recommend booking this meeting before **April 5th, 2015.**

Payment is accepted by credit card or bank transfer (additional 30 EURO per bank transfer). Credit card payment is subject to additional 4% commission.

Cancellation policy:

- Cancellations received up and including March 12, 2015 – full refund.
- Cancellations received between March 13 to May 1, 2015 – 50% will be refunded.
- After May 2, 2015– no refund will be made.

Fees for all Participants include:

- Attendance to all scientific sessions
- Delegate's bag with Meeting's material
- Refreshments during the meeting
- Opening Ceremony and Get Together Reception
- Bill Marshall Award and Lecture

Company Name _____ Signature _____, Date _____.

Group registration form

Registration Fees

	Early Bird Up to and including March 12, 2015	Regular March 13, 2015 – May 1, 2015	Onsite After May 2, 2015
ESPID Member*	€170	€280	€380
Non Member	€550	€670	€750
Student/Nurse**	€60	€120	€180
Resident/Fellow***(below 35 Years)	€260	€380	€480

* **ESPID MEMBER:** in order to apply for this category, please ensure the membership is approved and fees are paid for 2015 before you mention the number of members you have in the group. Registration will not be confirmed otherwise.

** **STUDENTS/RESIDENTS/FELLOWS/TRAINEES:** an official supportive letter stamped and signed and by the head of the department and confirming this status must accompany the registration form.

Group Registration details:

Required category: _____ No. of registrations required: _____

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Pharmaceutical company name: _____

IMPORTANT!

If applying for the **ESPID member category, please write below the full name of the member and his membership number*

Invoice to:

Company name and Address: _____.

Contact person: _____.

VAT number (**mandatory**): _____

Chosen payment method (Bank transfer/VISA/AMEX/MC) _____

Signature _____

Date _____