



### 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\\_ngc21@kenes.com](mailto:reg_ngc21@kenes.com)
3. Please send the **final** name list no later than **4 weeks prior to the conference**. Please do not send preliminary name lists.
4. 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 30 EUR charge per name.
5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
6. **Cancellation policy:** Refund of registration fee will be as follows:  
**Note! Refunds for groups will be processed after the conference.**
  - Cancellations received until and including June 2, 2021 – full refund.
  - Cancellations received between June 3 until August 10, 2021 – 50% will be refunded.
  - As of August 11, 2021 – no refund will be made.
7. **FEES FOR ALL CONFERENCE PARTICIPANTS INCLUDE:**
  - Access all presentations and session recordings.  
Create your own schedule to attend any and all of the sessions whenever and wherever you choose.
  - Network with colleagues. Browse the list of participants and click on their name to contact them.
  - Earn CME credits. Participate in the scientific program and be eligible to receive the number of CME credits attributed to the online meeting.
  - Access all the e-posters. Browse research on the hottest topics published in the meeting digital abstract book and connect with the abstract authors and other colleagues from around the world through the e-poster online consultations.
  - Join the Live QA sessions.
  - Visit the online exhibition hall. Journey through the exhibition booths, explore the displayed materials, contact exhibitors directly, and chat with other visitors.
8. **Please fill in the below information:**

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

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

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



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

**REGISTRATION CATEGORIES**

Fees apply to payments received prior to the indicated deadlines.

Category	Early Rate Until June 28, 2021	Regular Rate From June 29, 2021
Full Participant	259 EUR	299 EUR
Dietitians/ Nurses*	199 EUR	239 EUR
Trainees/ Students/ Fellows*	129 EUR	149 EUR

\* 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:**

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: \_\_\_\_\_

CVC: \_\_\_\_\_

**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.
- By Bank Transfer: (Additional 30 EUR handling fee is required)

Please make drafts payable in EUR only to:

**Account name: NGC 2021 conference, Lisbon (Account holder: Kenes International)**

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

**Clearing number: 4835**

**Account number: 1500934-92-273**

**Swift code: CRESCHZZ80A**

**IBAN number: CH16 0483 5150 0934 9227 3**



8<sup>th</sup> International Conference on  
**Nutrition & Growth**  
26-28 August | Virtual Conference

