



Group Registration Form

Please clearly complete this form in BLOCK CAPITALS:

ISPAD 2021 – Registration Department
c/o K.I.T. Group GmbH
Kurfürstendamm 71
DE - 10709 Berlin
Fax: +49 (0)30 24603 269
Email: ispad2021-registration@kit-group.org
Please type or point clearly in BLOCK CAPITALS.

Company Contact *Mandatory

Male Female Prof. Dr.

Last name*: _____ First name*: _____

Company: _____

Department: _____

Street / P.O. Box*: _____

Zip Code*: _____ City*: _____ Country*: _____

Telephone (country code): _____ City Code: _____ Number: _____

Fax (country code): _____ City Code: _____ Number: _____

Email*: _____

Agency Contact *Mandatory

If you are an agency representing a company, please indicate the name of the company you are representing:

Billing Address (if not similar to Company Contact)

Company: _____

Department: _____

Street / P.O. Box: _____

Zip Code: _____ City: _____ Country: _____

P.O. Number: _____



Registration Fees – ISPAD 2021 Virtual Conference

	Standard until September 2, 2021 (24:00 CET)	Late Fee from September 3, 2021
HIGH-INCOME Countries*		
ISPAD Member	___ x 260 USD	___ x 300 USD
ISPAD Member reduced** Student/Fellow/Trainee, Nurse, Educator, Psychologist, Dietitian, Other Healthcare Professional	___ x 185 USD	___ x 210 USD
Non Member	___ x 350 USD	___ x 400 USD
Non Member reduced** Student/Fellow/Trainee, Nurse, Educator, Psychologist, Dietitian, Other Healthcare Professional	___ x 245 USD	___ x 280 USD
UPPER-MIDDLE/LOWER-MIDDLE/LOW-INCOME Countries*		
ISPAD Member	___ x 190 USD	___ x 215 USD
ISPAD Member reduced** Student/Fellow/Trainee, Nurse, Educator, Psychologist, Dietitian, Other Healthcare Professional	___ x 130 USD	___ x 150 USD
Non Member	___ x 250 USD	___ x 285 USD
Non Member reduced** Student/Fellow/Trainee, Nurse, Educator, Psychologist, Dietitian, Other Healthcare Professional	___ x 175 USD	___ x 200 USD

* as per World Bank

** **To benefit from the reduced fee, the ISPAD 2021 Registration Department may request a proof of profession or occupation. You will receive from us a separate email if needed. The following proofs may be required:**

- To be able to register as a **student, fellow or trainee**, you must present proof of full-time enrollment at a recognised university or college for both the time of registration and during the conference.
- To be able to register as a **nurse, educator, dietician or other healthcare professionals** a supporting letter with business letterhead, signature and stamp from your Head of Department is required describing your status for both the time of the registration and for the time of the conference. Alternatively, you can submit a copy of your registration or practising certificate or an ID from your institution if your profession is stipulated on it.



Payment

Total amount due in USD: _____

I will transfer the total amount to the following bank account**:**

Account Holder:	K.I.T. Group Switzerland AG
Bank Sorting Code:	00240
K.I.T. Account Number:	240 7395 0860 W
SWIFT-CODE:	UBSWCHZH80A
IBAN:	CH97 0024 0240 7395 0860
Reference:	Group name, ISPAD 2021

****** All bank fees are to be paid by the transmitter.**

Acceptance of Privacy Policy and Terms & Conditions

**Mandatory*

By signing this form, I have read and accept the [General Terms & Conditions](#), including liabilities, cancellation and payment policies, without any restrictions and I confirm the above bookings. I confirm that all group members have been informed about it and have agreed to its stipulations and procedures. **[Mandatory]**

By signing this form, I agree that all data provided may be processed by ISPAD and its trusted congress supplier(s) for registration of my group members in compliance with the privacy policy and the requirements of the EU-GDPR and only to provide the services described. I confirm that all group members have been informed about the [privacy policy](#) and have agreed to its stipulations and procedures. **[Mandatory]**

I agree that the data given and provided for my group members may be used for contacting me by e-mail/ newsletter/postal mail for the purpose of sending information, advertising and offers from sponsors and exhibitors by the organizer. I confirm that all group members have been informed about it and have agreed to its stipulations and procedures. They may unsubscribe from this service at any time (e.g. by email, letter, fax).

- I agree
 I disagree

I agree that the contact details given and provided for my group members may be used to send information by e-mail /newsletter/postal mail about follow-up events or related events, offers and information of the organizing associations (K.I.T. Group, ISPAD). This consent can be revoked at any time in text form (email, letter, fax). I confirm that all group members have been informed about it and have agreed to its stipulations and procedures. They may unsubscribe from this service at any time (e.g. by email, letter, fax).

- I agree
 I disagree

A conflict of interest is defined as the existence of any significant interest or other relationship with the manufacturer(s) of any commercial product(s). **[Mandatory]**

- I confirm there is no conflict of interest relative to the registration of my group members
 I confirm there is a conflict of interest relative to the registration of my group members

If none of the above boxes have been checked, it will be assumed that your authorisation has been granted.

Place, Date*: _____

Signature*: _____