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_esowsso20@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 Conference. Please do not send preliminary name lists.
5. 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 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 Conference.
   For virtual conference participants that register after June 24:
   • Prior to August 18, 2020 – Full refund
   • From August 19 – until October 6, 2020 – 50% refund
   • From October 7, 2020 – No refund
9. Fees for Conference participants include:
   • Open access to all presentations and session recordings. Create your own schedule, attend any and all of the sessions whenever and wherever.
   • Network with colleagues. Browse a list of participants and click on their name to contact them.
   • Earn CME credits. Participate in the scientific programme and be eligible to receive the number of CME credits attributed to the virtual meeting.
   • Access all the E-posters. Browse research on the hottest topics published in the International Journal of Stroke (IJS) and connect with the abstract authors and other colleagues from around the world through the e-poster virtual consultations.
   • Join the debate. Attend a session recorded and streamed live to allow participation delegates from all over the world to participate in live conversations.
   • Give feedback. Use short session surveys to rate the sessions and help us improve the overall quality of the programme.
   • Visit the virtual exhibition hall. Journey through the exhibition booths, explore the displayed materials, contact exhibitors directly, and chat with other visitors.
10. Please fill in the below information:
Company (Group Name): ________________________________

Booking Agency (if relevant): __________

Contact Person: ________________________________

Email: ________________________________
REGISTRATION CATEGORIES

Registration Fees in EUR (Fees apply to payments received prior to the deadlines):

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Bird Up to September 2, 2020</th>
<th>Late From September 3, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESO or WSO Member – Regular ad Category A</td>
<td>€250</td>
<td>€300</td>
</tr>
<tr>
<td>ESO or WSO Member – Category B</td>
<td>€75</td>
<td>€100</td>
</tr>
<tr>
<td>New ESO or WSO Member*</td>
<td>€250</td>
<td>€300</td>
</tr>
<tr>
<td>Full Participant – Non-Member – Category A</td>
<td>€395</td>
<td>€395</td>
</tr>
<tr>
<td>Full Participant – Non-Member – Category B</td>
<td>€140</td>
<td>€140</td>
</tr>
<tr>
<td>Students / Fellows / Nurses / Allied Health Professionals – Category A**</td>
<td>€130</td>
<td>€130</td>
</tr>
<tr>
<td>Students / Fellows / Nurses / Allied Health Professionals – Category B**</td>
<td>€30</td>
<td>€30</td>
</tr>
</tbody>
</table>

*Countries are defined according to the World Bank Country Classification; [click here](#) to see the Country Classification data.

**Join ESO/WSO today and profit from a reduced registration fee and many other benefits.

***Student, Trainees, Nurses, Physiotherapists, Social Workers, Occupational Therapists, Speech Therapists, Dieticians – 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. This category does not apply for Residents.

**** Strictly refers to non-physician/lay-person members of SSOs
**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 Program.

**Please mark below accordingly:**
- [ ] There are no abstract presenters in this group
- [ ] Attached is a list of the abstract presenters in this group

**PAYMENT DETAILS**

**Payment information:**

Billing Address (to appear on invoice and receipt): ____________________________________________

________________________________________

________________________________________

________________________________________

VAT number: ______________________________
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.

☐

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 Conferences’ to charge the below credit card for the amount of: ____________ EUR

Type: Visa / MasterCard / AMEX

Number: ______________________________

Expiration date: ______________________

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.

**Bank details in EURO: (Additional 30 EUR handling fee is required)**

Account Name: ESOWSO 2020 Conference, Vienna
Bank Details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Account Number: 1500934-92-113
IBAN Number: CH68 0483 5150 0934 9211 3
Bank Code: 4835
Swift No: CRESCHZZ80A
Currency: EUR