



49<sup>TH</sup> CONGRESS OF THE INTERNATIONAL  
SOCIETY OF PAEDIATRIC ONCOLOGY

WASHINGTON, DC, USA OCTOBER 12-15, 2017



## GROUP REGISTRATION POLICY AND 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 **SIOP 2017 Registration Department: [reg\\_siop17@kenes.com](mailto:reg_siop17@kenes.com)**.
3. In order to benefit from the reduced registration fees, please ensure the signed form and payment is received **before the registration deadlines**.
4. 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 names no later than **September 12, 2017**. Name changes will be permitted free of charge until **September 28, 2017 (up to 15% of the participants names)**. After this date, any name change will be subject to **USD 30** charge per name.  
**Note: if there are Abstract submitters in your group, please send us the names before the Abstract submitting deadline in order to include them in the 'registered delegates' list.**
5. **Onsite Pre-registration pick-up** for group leaders will be available upon request. Group representatives are welcome to coordinate a personal meeting at: [reg\\_siop17@kenes.com](mailto:reg_siop17@kenes.com). At this meeting you will receive the registration kits and Congress bags with the printed Congress material. We recommend booking this meeting before, further details will be given prior to the Congress.
6. Please note that we cannot guarantee the availability of Congress materials for additional on-site registrations.
7. Payment is accepted by credit card or bank transfer.  
\*Credit card payment is subject to **additional 4% commission**.

### 8. **Cancellation policy:**

All cancellations must be electronically mailed.

- Cancellations received until and including June 27, 2017 - full refund.
- Cancellations received between June 28 and August 30, 2017 - 50% will be refunded.
- As of August 31, 2017 – no refund will be made.

**Refunds for groups will be processed after the congress.**



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## 9. Fees for Congress Participants include:

- Attendance to all scientific sessions
- Invitation to the Opening Ceremony and Welcome Reception
- Entrance to the exhibition
- Refreshments according to the congress timetable

## REGISTRATION CATEGORIES:

Fees (in USD) apply to payments received prior to the indicated deadlines.

Registration categories	Early bird until June 27, 2017	Regular fees June 28 until and including Sep 19, 2017	Onsite fees from Sep 20, 2017 and Onsite
Member*	550 USD	850 USD	1075 USD
Member* - Low Income Country*****	395 USD	600 USD	765 USD
Member - Young Investigators**	395 USD	600 USD	765 USD
Member - Nurse Member *	395 USD	590 USD	730 USD
Non Members	930 USD	1,050 USD	1,250 USD
Students/Residents/Fellows***	390 USD	435 USD	585 USD
Nurses	550 USD	625 USD	780 USD
HCP****	550 USD	625 USD	780 USD
CCI	395 USD	590 USD	730 USD
Educational day only	70 USD		



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Educational Day Thursday, October 12	
Nurses	Complimentary
PODC	Complimentary
PPO	Complimentary
CCI	Complimentary
SIOP	Complimentary
Young Investigator	Complimentary

\* **SIOP, IPSO and PROS Members:** in order to apply for this category, please ensure your membership is approved and fees are paid for 2017 before you start the registration process. Registration will not be confirmed otherwise.

\*\* SIOP Member Young Investigators aged 39 or less.

\*\*\* 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.

\*\*\*\* Psychosocial workers and healthcare professionals

\*\*\*\*\* Low-Income Countries registration fee refers to Low income and Lower-middle-income economies as [listed here](#) and defined according to the World Bank Country Classification.

**Group Registration Details:**

Required registration category: \_\_\_\_\_ No. of Registrations: \_\_\_\_\_

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## PAYMENT INFORMATION:

**Payment method:** Credit card\* / Bank transfer

\*Credit card payment is subject to **additional 4% commission**.

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

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VAT number:

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**This form was submitted by:**

Full Name: \_\_\_\_\_

On Behalf of (company name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT DETAILS:

### Credit card payment:

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: \_\_\_\_\_ USD

**Credit Card details to be charged:**

Type: Visa / MasterCard / AMEX

Number:

Expiration date: \_\_\_\_\_

Name of Card holder: \_\_\_\_\_

Address: (as per Credit card records): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Security digits (on the back of the credit card): \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_



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10. **Bank Transfer Payment:**

- Please ensure that the name of the meeting and of the group is stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid at source in addition to registration fees.
- Please make drafts payable to:

<b>Account Name:</b>	SIOP 2017 Congress, Dublin (Account holder: Kenes International)
<b>Bank details:</b>	Credit Suisse Geneva, 1211 Geneva 70, Switzerland
<b>Bank Code:</b>	4835
<b>Swift No:</b>	CRESCHZZ12A
<b>Account Number:</b>	693980-52-903
<b>IBAN No:</b>	CH38 0483 5069 3980 5290 3