



Group Registration Form – NON SAARC Member Countries

Please clearly complete this form in BLOCK CAPITALS:

ISPAD 2018 – Registration Department
c/o K.I.T. Group GmbH
Kurfürstendamm 71
DE - 10709 Berlin
Fax: +49 (0)30 24603 269
Email: registration-ispad2018@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

	Early Fee until July 12, 2018	Standard until September 12, 2018	Late Fee until October 4, 2018
ISPAD Member	___ x 350 USD	___ x 575 USD	___ x 800 USD
Non Member	___ x 630 USD	___ x 860 USD	___ x 1100 USD
ISPAD Member ISPAD Member under 40**, Student**, Nurse**, Young Physician**, Psychologist, Dietitian**	___ x 170 USD	___ x 345 USD	___ x 400 USD
Non Member Student**, Nurse**, Young Physician**, Psychologist, Dietitian**	___ x 400 USD	___ x 575 USD	___ x 650 USD

** Proof required (please refer to the General Terms & Conditions for more information)

Payment in USD only

Total amount due in USD: _____

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

Account holder: K.I.T. Group GmbH Association & Conference Management
 Bank: Commerzbank AG
 Account number: 0514 0018 00
 IBAN-Code: DE77 1008 0000 0514 0018 00
 Swift / BIC: DRESDEFF100
 Reference: Group name, ISPAD 2018

***** 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 used (saved, stored, processed, transmitted and deleted) and shared with ISPAD and its congress supplier(s) K.I.T. Group GmbH for registration and additional bookings (Networking and Recognition Evening) of my group members in compliance with the privacy policy 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/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/post 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*: _____