



5th International Conference on Nutrition & Growth

1-3 March 2018, Paris, France

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_ngc18@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.

- Cancellations received up to and including December 7, 2017 – full refund
 - Cancellations received from December 8, 2017 until February 14, 2018 – 50% refund
 - After February 15, 2018 – no refund will be made
9. Fees for Conference participants include:
 - Entrance to all scientific sessions
 - Conference material
 - Access to the Exhibition area
 - Invitation to the Opening Ceremony, the Welcome Reception
 - Coffee & lunch during breaks, as indicated on the timetable

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



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REGISTRATION CATEGORIES

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

	Early Rate until December 5, 2017	Regular Rate from December 6 until and including January 31, 2018	Onsite Rate From February 1, 2018 and Onsite
Full Participants	€450	€545	€600
Dietitians/ Nurses*	€330	€395	€450
Students/ Trainee/ Fellows*	€195	€250	€300

* in order to benefit from the special fees, 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:

1. Required registration category: _____ No. of Registrations: _____
2. Required registration category: _____ No. of Registrations: _____
3. Required registration category: _____ No. of Registrations: _____

Total Group Participants: _____



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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

Group Registration Pick-up

Group registration collective pick-up will be available onsite, an appointment must be coordinated in advance. Exact times will be advised prior to the Conference.

Note: in case of group registration pick-up, individual barcode confirmation letters will not be sent to group participants.

We strongly recommend individual pick-up.

Please mark below accordingly:

- Group registration pick-up is required
- No group pick-up, the delegates will be collecting their registrations individually.

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 _____



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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: _____

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.

Please make drafts payable in EUR only to:

Account Name	NGC 2018 Congress, Paris (Account holder: Kenes International)
Bank Details	Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Account Number	693980-52-989
IBAN Number	CH44 0483 5069 3980 5298 9
Bank Code	4835
Swift No	CRESCHZZ80A