



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 **ICFL 2017 Registration Department: reg_icfl17@kenes.com**.
3. In order to benefit from the early registration fees, please ensure the signed form and payment is received **before March 8, 2017**.
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 **May 1, 2017**. Name changes will be permitted free of charge until **May 15, 2017 (up to 15% of the participants names)**. After this date, any name change will be subject to **EUR 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_icfl17@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. **Cancellation policy:**
 - All cancellations must be electronically mailed.
 - Cancellations received until and including March 9, 2017 - full refund.
 - Cancellations received between March 10 and May 23, 2017 - 50% will be refunded.
 - As of May 24, 2017 – no refund will be made.**Refunds for groups will be processed after the congress.**
8. **Fees for Congress Participants include:**
 - Admission to all scientific sessions
 - Admission to the commercial exhibition
 - Congress printed materials
 - Refreshments as per the breaks in the program



Please fill in the below information:

Company: _____
 Booking Agency (if relevant): _____
 Contact Person: _____
 Email: _____

REGISTRATION CATEGORIES:

Fees apply to payments received prior to the indicated deadlines.

	Early Bird Up to and including March 8, 2017	Regular March 9 – May 16, 2017	Onsite From May 17, 2017
Full Participants	€ 500	€ 550	€ 630
Low & Low Middle Income Countries*	€ 350	€ 400	€ 450
Trainee, Student, Fellow, Nurse **	€ 150	€ 200	€ 250

* **Low income and Lower-middle-income** Countries: as defined according to the World Bank Country Classification. [Click here for more information on the Country Classification.](#)

** **Trainee, Student, Fellow, Nurse:** In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration process.

Group Registration Details:

Required registration category: _____ No. of Registrations: _____
 Required registration category: _____ No. of Registrations: _____
 Required registration category: _____ No. of Registrations: _____



INTERNATIONAL CONFERENCE ON
FATTY LIVER

Seville, Spain
1-3 June 2017



PAYMENT INFORMATION:

Payment method: Credit card* / Bank transfer

Billing Address (to appear on invoice and receipt):

VAT number:

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: _____ EUR

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: _____



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 in EUR to:

Account Name:	FATTY LIVER 17 Congress Seville
Bank details:	Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Bank Code:	4835
Swift No:	CRESCHZZ12A
Account Number:	693980-52-888
IBAN No:	CH55 0483 5069 3980 5288 8