



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_wcp21@kenes.com
3. Please send the final name list no later than **4 weeks prior** to the Congress. Please do not send preliminary name lists.
4. Name changes will be permitted free of charge until **2 weeks prior** to the Congress (up to 15% of the participants names). After this date, any name change will be subject to 30 USD charge per name.
5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
6. **Cancellation policy:** Refund of registration fee will be as follows: **Note! Refunds for groups will be processed after the Congress.**
 - Cancellations received until and including June 10, 2021 – full refund
 - Cancellations received between June 11 and September 27, 2021 – 50% will be refunded
 - From September 28, 2021 – no refund will be made

*Note, in case of cancellation at any stage, bank transfer handling fee (30 USD) will not be refunded – applicable to bank transfer payments only.

7. FEES FOR PARTICIPANTS INCLUDE:

- Access for to all scientific content: pre-recorded & selected live interactive sessions
- After the official congress days – access for up to 3 months to all available content
- Access to abstracts/posters online
- Opening Ceremony
- Access to the virtual Exhibition Area
- Access to available Industry sessions
- Online networking opportunities

8. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES:

Fees apply to payments received in USD.

REGISTRATION CATEGORIES	EARLY RATE UNTIL 9 SEPTEMBER, 2021	LATE RATE FROM 10 SEPTEMBER, 2021
Full Participant Group A country*	\$320	\$360
Full Participant Group B country*	\$250	\$280
Full Participant Group C country*	\$200	\$240
Full Participant Group D country*	\$120	\$150
South+Central America participants****	\$175	\$200
Residents***, specialist trainees, Other Mental Health Professionals/Health Professionals eg, Psychologists, Psychiatric Nurses, Nurses, Social Workers, Occupational therapists**	\$130	\$130
Students***	\$110	\$110
Service users and family carers	\$110	\$110
Local participants (Colombia)	\$150	\$175

*The country group is based upon [the official classification](#) of the World Bank and refers to your work and correspondence address:

Group A – High Income Countries

Group B – Upper-middle-income countries

Group C – Lower-middle-income countries

Group D – Low income countries

** Occupational Therapists, Social Workers, Physiotherapists, Ph.D. Students, Psychological Psychotherapists in training – In order to benefit from the special fee, a submission of your status confirmation must be uploaded during the online registration process.

*** Students/ Residents – Can take advantage of a reduced fee. Residents, trainees, and students in full-time training under 40 years of age (on the first day of the congress) are asked to provide a copy of their student ID and a certificate from the supervisor or head of the department together with the registration. Does not apply to trainees with a professional degree or completed professional training.

****Special rate offered exclusively to South and Central American participants including participants based in South and Central America.



Group Registration Details:

1. Required registration category: _____
2. Required registration category: _____
3. Required registration category: _____

No. of Registrations: __
No. of Registrations: __
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 Programme.

Please mark below accordingly:

- There are no abstract presenters in this group
- Attached is a list of the abstract presenters in this group

PAYMENT INFORMATION:

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

VAT number: _____

Data Protection:

- I confirm that prior to transferring Kenes the group delegates contacts, our company has obtained consent from the individuals concerned

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 Congresses' to charge the below credit card for _____ 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:

2. **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.
- Registration will only be valid upon receipt of the full payment by the registration department according to the deadlines indicated. An email confirming the registration will only be sent after receipt of the required fees.
- Please make drafts payable to:

Account Name: WCP 2021 Congress, Cartagena
Bank details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Bank code: 4835
SWIFT No: CRESCHZ80A
Account Number: 1500934-92-276
IBAN No: CH32 0483 5150 0934 9227 6