



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 **ISPRM 2017 Registration Department**: reg_isprm17@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 **March 30, 2017**. Name changes will be permitted free of charge until **April 12, 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_isprm17@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 February 15, 2017 - full refund.
 - Cancellations received between February 16 and April 18, 2017 - 50% will be refunded
 - As of April 19, 2017 – no refund will be made**Refunds for groups will be processed after the congress.**



11TH INTERNATIONAL SOCIETY
OF PHYSICAL & REHABILITATION
MEDICINE (ISPRM)
WORLD CONGRESS

Buenos Aires, Argentina
April 30 - May 4, 2017



9. Fees for Congress Participants include:

- Admission to sessions
- Admission to exhibition
- Meeting publications
- Invitation to the Welcome Reception
- Refreshments

REGISTRATION CATEGORIES:

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

	Early Deadline Until February 15, 2017	Regular Deadline From February 16, 2017 to April 5, 2017	Onsite Deadline From April 6, 2017
Full Participants Member*	600 USD	700 USD	850 USD
Full Participants Non Member	700 USD	800 USD	950 USD
Low and Low Middle Income Countries**	350 USD	450 USD	550 USD
Trainee (Students/Fellows/Nurses/Residents)***	300 USD	450 USD	550 USD
Locals****	550 USD	550 USD	600 USD
SAMFYR members *****	480 USD		

* **ISPRM members:** All ISPRM individual members and members of ISPRM National Societies, who pay dues to ISPRM as a Society member, are eligible for the reduced registration fee for members. To continue to register at this rate you must have completed your ISPRM membership registration.

** **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 (Students/Fellows/Nurses/Residents):** An official letter of the institution (PDF format), originally stamped and signed by the head of the department confirming this status must be uploaded during the registration process.

**** **Locals:** only citizens or residents of Argentina may apply for the Locals registration category.

***** **SAMFYR Members:** all members of the 'Sociedad argentina de medicina fisica y rehabilitacion' who have paid their membership dues are eligible for a reduced registration fee. To continue to register at this rate you must be a SAMFYR member.



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Group Registration Details:

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

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):

VAT number:

This form was submitted by:

Full Name: _____

On Behalf of (company name): _____

Signature: _____

Date: _____



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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:

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:

Account Name:	ISPRM 17 Congress, Buenos Aires
Bank details:	Credit Suisse Geneva, 1211 Geneva 70, Switzerland
Bank Code:	4835
Swift No:	CRESCHZZ12A
Account Number:	693980-52-815
IBAN No:	CH86 0483 5069 3980 5281