



# EPA 2018

## 26<sup>th</sup> EUROPEAN CONGRESS OF PSYCHIATRY

MENTAL HEALTH  
INTEGRATE  
INNOVATE  
INDIVIDUALISE

Nice, France  
3-6 March 2018  
#EPA2018

### 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\\_epa18@kenes.com](mailto:reg_epa18@kenes.com)
3. In order to benefit from the early 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 Congress. Please do not send preliminary name lists.
5. 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 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 Congress.**

- Cancellations received up to and including 17 January 2018 – 100% refund
  - Cancellations received between January 18 to February 14, 2018 – 50% will be refunded
  - From February 15, 2018 – no refund will be made
9. Fees for Congress participants include:
    - Participation in scientific sessions
    - Entrance to the exhibition
    - Invitation to the Opening Ceremony and Welcome Reception
    - Congress publications
    - A certificate of attendance
    - Light lunch during Congress days
    - Refreshments during coffee breaks

**Congress fee does not include participation in the EPA Courses.**

**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 Bird until 17 January 2018	Regular fees from 18 January until 14 February 2018	Onsite fees from 15 February 2018 and Onsite
EPA Member * (Country List A)	€ 555	€ 655	€ 755
EPA Member * (Country List B)	€ 395	€ 505	€ 555
EPA Non Member (Country List A)	€ 715	€ 825	€ 915
EPA Non Member (Country List B)	€ 505	€ 575	€ 625
EECP Member **	€ 310	€ 365	€ 405
EECP Non Member **	€ 365	€ 475	€ 505
Residents, Specialists Trainees***, Psychiatric Nurses, Psychiatric Social Workers	€ 305	€ 365	€ 415
Psychologists	€ 475	€ 585	€ 635
Students ****	€ 160	€ 205	€ 205

\* This refers to EPA Individual Members, who have paid their annual Membership fees for 2018, as well as to Honorary Members.

\*\* Early Career Psychiatrists must be under 40 years of age at the Congress date OR have less than 5 years of clinical practice after specialty. In order to register under this category, you will be required to upload a copy of ID with birth date OR a copy of an official letter/certificate from institution confirming the < 5 years with your registration form.

\*\*\* In order to register under this category, you will be required to upload a signed and stamped letter from the head of your department confirming your status.

\*\*\*\* Refers only to full-time students at time of the Congress. Registration form must be accompanied by a copy of valid 2017-2018 student ID or an official letter from Head of Department confirming full-time student status.

Country Lists A & B: Developing countries are defined according to the World Bank Country Classification.

Country List A = High and upper middle income

Country List B = Lower middle and low income

[Click here](#) for more information on the Country Classification data according to the World Bank website.

#### 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 Congress.

**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: EPA 2018 Congress, Nice (C/O Kenes International)

Bank Details: Credit Suisse Geneva, 1211 Geneva 70, Switzerland

Bank Code: 4835

Swift No: CRESCHZZ80A

Account Number: 1500934-92-17

IBAN Number: CH41 0483 5150 0934 9201 7