



EUROPEAN
PSYCHIATRIC
ASSOCIATION

EPA 2020

28TH EUROPEAN
CONGRESS OF PSYCHIATRY

Madrid, Spain

28-31 March 2020

THE SHARED HERITAGE OF EUROPEAN PSYCHIATRY

www.epa-congress.org | #EPA2020

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_epa20@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 22 January 2020 – 100% refund
 - Cancellations received between 23 January to 10 March 2020 – 50% will be refunded
 - From 11 March 2020 – no refund will be made
9. Fees for Congress participants include:
 - Entrance to all scientific sessions
 - Congress material
 - Access to the Exhibition area
 - Invitation to the Opening Ceremony & the Welcome Reception
 - Refreshments will be served as indicated on the timetable

***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):

Registration Category	Early Bird Fee until 21 January 2020			Regular Fee from 22 January until 10 March 2020			Onsite Fee from 11 March 2020 and onsite		
	Country List A	Country List B	Country List C	Country List A	Country List B	Country List C	Country List A	Country List B	Country List C
EPA Member *	€ 555	€ 435	€ 200	€ 655	€ 555	€ 255	€ 755	€ 610	€ 280
Non Member	€ 715	€ 555	€ 250	€ 825	€ 635	€ 290	€ 915	€ 685	€ 315
Early Career Psychiatrist EPA Member **	€ 290			€ 345			€ 395		
Residents***	€ 305			€ 365			€ 415		
Psychologists, Psychiatric Nurses, Psychiatric Social Workers	€ 475			€ 585			€ 635		
Student****	€ 160			€ 205					

* **EPA Member** refers to an individual/international individual/associate/fellows EPA member(s), who has paid their annual membership fees for 2020. This category also applies to Honorary EPA Members.

** **Early Career Psychiatrists (ECP)** 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 **Resident 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. The registration form must be accompanied by a copy of valid 2019-2020 student ID or an official letter from Head of Department confirming full-time student status.

Country List A = High-income economies excluding: Croatia, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia (Slovak Republic), Slovenia

Country List B = Upper-middle-income economies including: Croatia, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia (Slovak Republic), Slovenia

Country List C = Lower-middle-income and low-income economies

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 _____

Data Protection:

- I confirm that the group delegates whose names we will share with Kenes for the purpose of registration to the event, have agreed to this data share and its purpose.



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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 2020 Congress, Madrid

Bank Details: Societe Generale, 10 PL Hotel De Ville, 74100 Annemasse, France

Bank Code: 00101

Swift No: SOGEFRPP

Account Number: 00020431510

IBAN Number: FR76 3000 3001 0100 0204 3151 047