

Please fill in the below information:

Company: _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____

Signature: _____

Registration Fees in Euro.

Fees apply to payment received prior to the indicated Registration Deadlines.

	Early Bird Up to March 14, 2017	Regular March 15 – April 25, 2017	Onsite From April 26, 2017
ESO Members	€ 460	€ 560	€ 610
New ESO Members*	€ 460	€ 560	€ 610
Full Participant – Non Member	€ 590	€ 680	€ 730
Participants from Low/Low-Middle Economy Countries***	€ 290	€ 340	€ 450
Students / Fellows / Nurses / Allied Health **	€ 200	€ 250	€ 300
Students / Fellows / Nurses / Allied Health ** – from Low/Low Middle Economy Countries ***	€ 100	€ 120	€ 150
Member Of Stroke Support Organizations*****	€ 50		
Teaching Courses & Workshops****	€10 per session		

*Join ESO today and profit from a reduced ESOC registration fee and many other benefits.

** Student, Trainees, Nurses, Physiotherapists, Social Workers, Occupational Therapists, Speech Therapists, Dieticians - in order to benefit from the special fee, a submission of your status confirmation (approval letter signed by the Head of Department or copy of your status ID) must be uploaded during the online registration.

*** Countries are defined according to the World Bank Country Classification of Low income and Lower-middle income economies.



3rd European Stroke Organisation Conference

16-18 May, 2017 | Prague, Czech Republic

Group Registration details:

Required category: _____ No. of registrations required: _____

Required category: _____ No. of registrations required: _____

Optional:

Required Function: _____ No. of function required: _____

Details as will appear on Invoice:

Company name: _____

VAT number : _____

Full address: _____ Country: _____

PAYMENT METHODS

Payment of registration fees (in EURO) can be made as follows:

1. Payment by Credit card:

- Credit card payment is subject to additional 4% commission

Type: Visa, MasterCard or American Express

I authorize 'KENES International – Organizers of Congresses' to charge the below credit card for the amount of: _____ EUR

Credit Card details to be charged:

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: _____



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2. Payment by Bank Transfer:

- Please ensure that the name of the congress and of the group are stated on the bank transfer.
- Bank charges are the responsibility of the payer and should be paid in addition to registration fees.

Please make drafts payable in EURO to:

Account Name: ESOC 2017 Cong. Prague, Czech Rep (account holder: Kenes International)

Bank details: Credit Suisse Geneva, 1 211 Geneva 70, Switzerland

Bank Code: 4835

Swift No: CRESCHZZ12A

Account Number: 693980-52-863

IBAN No: CH51 0483 5069 3980 5286 3