



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_isbd18@kenes.com
3. In order to benefit from the reduced group 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 USD 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 and including December 19, 2017 : full refund
 - Cancellations received from December 20, 2017 until February 21, 2018 : 50% will be refunded
 - After February 22, 2018: no refund will be made
9. Fees for Congress participants include:
 - Admission to the scientific sessions
 - Entrance to the exhibition
 - Invitation to the opening ceremony and welcome reception
 - Refreshments during coffee breaks
 - Certificate of attendance

10. Please fill in the below information:

Company (Group Name): _____

Booking Agency (if relevant): _____

Contact Person: _____

Email: _____



REGISTRATION CATEGORIES

Registration Fees (In USD) - Fees apply to payments received prior to the indicated deadlines. Members are required to specify their membership number on the registration form.

Registration Category	Early rate Up to and including December 19, 2017	Regular rate From December 20, 2017 to February 21, 2018	Onsite rate From February 22, 2018
ISBD Member A3 (High Income)*	\$830	\$930	\$1,030
ISBD Member A1+A2 (Low-Middle Income)*	\$590	\$640	\$690
Non Member A3 (High Income)*	\$930	\$1,030	\$1,130
Non Member A1+A2 (Low-Middle Income)*	\$690	\$740	\$790
Residents, Specialists Trainees**	\$195	\$295	\$395
Psychiatric Nurses, Psychiatric Social Workers**	\$350	\$450	\$550
Industry Participant	\$1,130		
Advocacy and Non-Healthcare Professionals ***	\$195		

*To determine which fee type to select, please visit [this page](#)

A3 - High income & Upper-middle-income countries

A1 + A2 - Low-income & Low-middle-income countries

** Applicants for this category - 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.

*** Patient, caregiver, supporter, or patient advocate may qualify for a reduced conference registration, to learn more, [click here](#).



If you are a CURRENT ISBD MEMBER...

ISBD recently sent you an email with your member account number. You can also find your account number by clicking "Manage Your Account" in the [Member Zone](#) at [isbd.org](#). You will need to enter this number during registration to receive this year's reduced member rate.

If you are a FORMER ISBD MEMBER but your account is not current...

Before registering for the conference, [click here](#) to renew your ISBD membership to take advantage of the reduced rate. Upon renewal, you will automatically receive an email including your member number which will be needed to access the reduced member rate.

If you are NOT AN ISBD MEMBER...

ISBD is providing a 6-month complimentary membership to all new members with conference registration.

Member benefits include:

- Online subscription to Bipolar Disorders journal
- Access to the ISBD Membership Newsletter Blog
- Access to the Membership Directory
- Reduced rates for the ISBD annual meeting
- Voting privileges
- Ability to nominate award winners
- Access to the webinar archive
- Access to the conference slides archive
- Access to educational and training materials
- And much more!

If you would like to opt out of the 6-month complimentary membership you will be able to do so during the registration process.

For any registration questions please contact Kenes, the congress organizer, at: reg_isbd18@kenes.com

For questions regarding your membership status please contact Jill Olds, ISBD Membership Director, at: jillo@isbd.org

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: _____

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 _____



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: _____ USD

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 USD only to:

Account Name: ISBD 2018 Congress, Mexico City (account holder: Kenes International)

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

Bank Code: 4835, Swift No: CRESCHZZ80A

Account Numb 693980-52-993

IBAN: CH33 0483 5069 3980 5299 3