



45TH WORLD SMALL ANIMAL
VETERINARY ASSOCIATION CONGRESS
AND 26TH FECAVA EUROCONGRESS

21-24 March 2021

VIRTUAL



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_wsava0321@kenes.com
3. Please send the **final** name list no later than **4 weeks prior** to the Congress. Please do not send preliminary name lists.
4. 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.
5. Payment is accepted by credit card or bank transfer. Credit card payment is subject to **additional 4% commission**.
6. **Cancellation policy:** Refund of registration fee will be as follows:
Note! Refunds for groups will be processed after the Congress.
 - Cancellations received until and including January 31, 2021 – full refund
 - Cancellations received between February 1 and March 4, 2021 – 50% will be refunded
 - From March 5, 2021 – no refund will be made
7. **Fees for Congress participants include:**
 - Open access to all presentations and session recordings. Create your own schedule, attend all the sessions whenever and wherever.
 - Network with your colleagues. Browse the list of participants and click on their name to contact them.
 - Earn CE credits. Participate in the scientific programme and be eligible to receive the number of CE credits attributed to the virtual meeting.
 - Access all the e-posters. Connect with the abstract authors and other colleagues from around the world through the e-poster virtual consultations.
 - Join the debate. Attend recorded and live-streamed sessions and participate in live conversations from all over the world.
 - Visit the virtual exhibition hall. Journey through the exhibition booths, explore the displayed materials, contact exhibitors directly, and chat with other visitors.
 - All sessions will be available on demands for up to 3 months after the virtual meeting.

8. 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):

	Registration Fee
FECAVA/WSAVA* Member - Virtual	€200
FECAVA/WSAVA Non-Member - Virtual	€300

* You must be a member of one of the WSAVA associations to benefit from this rate. To see the list of WSAVA associations – please click [here](#). A proof of membership may be asked for.

* You must be a member of FECAVA to benefit from this rate.



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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 Program.

Please mark below accordingly:

- There are no abstract presenters in this group
- Attached is a list of the abstract presenters in this group

PAYMENT DETAILS

Payment information:

Billing Address (to appear on invoice and receipt): _____

VAT number: _____



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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.

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:
_____ 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: _____



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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.

For delegates wants to pay in EURO: (Additional 30 EUR handling fee is required)

Account Name: WSAVA 2020 Warsaw

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

Account Number: 1500934-92-183

IBAN Number: CH91 0483 5150 0934 9218 4

Bank Code: 4835

Swift No: CRESCHZZ80A

Currency: EUR