

ERACON CONGRESS 2020

FORM TO DECLARE THE CHOICE OF REGISTRATION REFUND OPTION (Declaration Form)

Option A: For every paid participant at ERACON CONGRESS in May 2020 who cannot attend the congress in November 2020 we may issue a voucher to be used in the ERACON congress near end of June 2021, in Varna. Participants in 2021 who choose option A, WILL NOT have to pay the new registration fee of 2021 or its difference, in the case that the fee is higher. So accepting the voucher is equivalent to full refund plus additional save of the possible fee increase next year.

Option B: If paid participants prefer to receive a refund of the May 2020 registration fee now, the organizers will pay the full refund minus the bank expense for the bank transfer, if this occurs. Bank expenses will be subtracted before refund is made. Note that choosing Option B, those attending the congress in 2021 will have to pay again the registration fee, which as explained in Option A, may be higher.

Option C: If paid participants prefer to attend the ERACON 2020 congress ONLINE with the fee of €150,00 then they will receive a credit voucher of the remaining balance to be used in ERACON Congress 2021. This voucher can be used on registration fee of 2021.

Option D: If paid participants prefer to attend the ERACON 2020 congress ONLINE with the fee of €150,00 then they can receive a refund of the remaining balance minus the bank expense for the bank transfer, if this occurs. Bank expenses will be subtracted before refund is made. Note that choosing Option D, those attending the congress 2021 will have to pay again the registration fee, which as explained in Option A may be higher.

Declaration

I _____ (*participant's name & surname*) with Invoice number ERACON2020-_____ and/or STW2020 – Invoice number _____, I have read the terms and conditions of this Declaration form and I formally accept the offer as presented herein and accept and acknowledge that the European Association of ERASMUS Coordinators shall not owe to me any further sums or obligations except as provided herein:

I choose

- OPTION A**
- OPTION B**
- OPTION C**
- OPTION D**

In case Option B or D is chosen, please complete bank account information at the end below. The refund has to be requested to be sent to the same account from which the payment of fees was made. If payment is made by an organization, the refund cannot be made to a person.

Account details for those choosing Option B or D.

Name of account holder:	
Address of account holder:	
Name of the Bank:	
Bank Address:	
IBAN:	
Swift Code:	

ACKNOWLEDGEMENT OF NO FURTHER CLAIMS

Upon receipt of the Refund either as per Choice A or B or C or D as stipulated by me herein, I hereby agree to waive all claims that I may have against the European Association of Erasmus Coordinators in respect of the ERACON CONGRESS 2020 and I shall have no further claim arising out of in any way or related to the ERACON CONGRESS 2020 in relation to and without limitation to the organizers of the above event and I shall not assert or will be entitled to assert any further rights of refund and/or payment from the European Association of Erasmus Coordinators with respect to any such claim.

Name of signatory: _____

Signature:

Stamp:

Date: ____ / ____ / 2020

(This form must be sent signed by email to registration@eracon.eu , before 18 October 2020)

*Refunds will be made in the month of November 2020.