



## CIRSE 2017 Reduced Fee Confirmation Letter

Thank you for your interest in attending CIRSE 2017! Please complete this page to upload it as part of the CIRSE 2017 online registration process for Residents, Nurses and Radiographers.

### Registrant

CIRSE ID: \_\_\_\_\_ DOB(dd/mm/yy): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

### Place of Employment/Educational Institute

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Office/Institute Stamp: \_\_\_\_\_

### Confirmation by supervisor/educator:

I, (Title) \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_,

as the above-mentioned applicant's (position) \_\_\_\_\_,

confirm that they are currently a;

Resident/Nurse/Radiographer (please delete) at the above-mentioned office/institute.

**Supervisor's signature:** \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing your CIRSE 2017 confirmation Letter! Please have it ready to be uploaded for the CIRSE 2017 online registration process. If you have any further queries, please feel free to contact [registration@cirse.org](mailto:registration@cirse.org).