



CIRSE 2017 Undergraduate EU Medical Student

Thank you for your interest in attending CIRSE 2017! Please complete this form to upload it as part of the CIRSE 2017 online registration process for undergraduate European medical students.

Registrant

CIRSE ID: _____ DOB(dd/mm/yy): _____

First name: _____ Last name: _____

University/Educational Institute

Name: _____

Name of degree: _____

City: _____

Country: _____

Predicted date of graduation: _____

Department/Office Stamp:

Confirmation by office/department:

I, (Title) _____ (First name) _____ (Last name) _____,
as the above-mentioned applicant's (position) _____,
confirm that they are currently enrolled as an Undergraduate European Medical Student at the
above-mentioned university/institute, and most likely will be at the time of CIRSE 2017 (Sep 16 -
20, 2017).

Representative's signature: _____

Applicant's signature: _____ Date: _____

Thank you for completing your CIRSE 2017 undergraduate European medical student confirmation! Please have it ready to be uploaded with your CV and copy of a valid photo ID for the CIRSE 2017 online registration process. If you have any further queries, please feel free to contact registration@cirse.org.