



CIRSE 2018 Reduced Fee Confirmation Letter

Thank you for your interest in attending CIRSE 2018! Please complete this page to upload it as part of the CIRSE 2018 online registration process for Residents, Nurses and Radiographers.

Registrant

CIRSE ID: _____ Date of Birth (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 2018 confirmation Letter! Please have it ready to be uploaded for the CIRSE 2018 online registration process. If you have any further queries, please feel free to contact registration@cirse.org.