



## **DECLARATION OF INTEREST**

### **in supporting the EBIR**

**Personal data:**

Title                      First name                      Last name

CIRSE Member's ID:

E-mail:

Department:

Your position:

Hospital name and address:

City / Country:

Field(s) of expertise:

EBIR holder since:

I would like to support the EBIR as:

☐ Item Contributor

☐ Case Contributor

**I hereby confirm that I have read and accept the terms and conditions of the  
EBIR Contributor's Pathway.**

.....  
Place and date

.....  
Signature