



# ECIO 2019 Undergraduate EU Medical Student

Thank you for your interest in attending ECIO 2019! Please complete this form to upload it as part of the ECIO 2019 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 an Undergraduate European Medical Student at the above-mentioned  
university/institute, at the time of ECIO 2019 (April 08-11, 2019).

**Representative's signature:** \_\_\_\_\_

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

Thank you for completing your ECIO 2019 undergraduate European medical student confirmation!  
Please have it ready to be uploaded with your CV and copy of a valid photo ID for the ECIO 2019  
online registration process. If you have any further queries, please feel free to contact  
[registration@ecio.org](mailto:registration@ecio.org).