

## CIRSE 2024 Reduced Fee Confirmation Letter

Thank you for your interest in attending CIRSE 2024! Please complete this page to upload it as part of the CIRSE 2024 online registration process for Residents, IRs in training, postgraduate medical students, 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: *(If your institute does not have a stamp, kindly have your below representative email us at [registration@cirse.org](mailto:registration@cirse.org))*

### Confirmation by supervisor/educator:

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

as the above-mentioned applicant's (position) \_\_\_\_\_, confirm that they are currently a: Resident, IR in training, postgraduate medical student/Nurse/Radiographer (please delete) at the above-mentioned office/institute.

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

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

Thank you for completing your CIRSE 2024 confirmation Letter! Please have it ready to be uploaded for the CIRSE 2024 online registration process. If you have any further queries, please feel free to contact [registration@cirse.org](mailto:registration@cirse.org).