

## CIRSE 2024 Undergraduate Medical Student Confirmation Form

Thank you for your interest in attending CIRSE 2024! Please complete this form to upload it as part of the CIRSE 2024 online registration process for undergraduate medical students.

### Registrant

CIRSE ID: \_\_\_\_\_ Date of Birth(dd/mm/yy): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

### University/Educational Institute

Name: \_\_\_\_\_

Name of degree: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Predicted date of graduation: \_\_\_\_\_

Department/Office 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 office/department:

I, (Title) \_\_\_\_\_ (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_,  
as the above-mentioned applicant's (position) \_\_\_\_\_,  
confirm that they are an undergraduate medical student at the above-mentioned  
university/institute, at the time of CIRSE 2024 (September 14-18, 2024).

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

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

One page CV (in English)

Thank you for completing your CIRSE 2024 undergraduate medical student confirmation! Please have it ready to be uploaded along **with a scan of your passport** for the CIRSE 2024 online registration process. If you have any further queries, please to contact [registration@cirse.org](mailto:registration@cirse.org).