



CIRSE 2025 Reduced Fee Confirmation Letter

Thank you for your interest in attending CIRSE 2025! Please complete this page to upload it as part of the CIRSE 2025 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)*

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 2025 confirmation Letter! Please have it ready to be uploaded for the CIRSE 2025 online registration process. If you have any further queries, please feel free to contact registration@cirse.org.