

ET 2023 Reduced Fee Confirmation Letter

Thank you for your interest in attending ET 2023! Please complete this page to upload it as part of the ET 2023 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: _		Las	t name:		
Place of Emp	oloyment/Educat	tional Institute			
Name:					
Department:	·				
Street:					
Postal code:					
City:					
Country:					
Office/Institu	ite Stamp: (If your ins	stitute does not have a stamp, kin	dly have your below representative	e email us at registration@cirse.org)	7
	n by supervisor/e	educator:			
I, (Title)	_ (First name)		_ (Last name)		
they are curr	rently a: Resident	·	tgraduate medical s	, confirm thatudent/Nurse/Radiographe	
Supervisor's	signature:				
Applicant's s	ignature:		Date	:	

Thank you for completing your ET 2023 confirmation Letter! Please have it ready to be uploaded for the ET 2023 online registration process. If you have any further queries, please feel free to contact registration@cirse.org.