



ICCIR 2018 Undergraduate EU Medical Student

Thank you for your interest in attending ICCIR 2018! Please complete this form to upload it as part of the ICCIR 2018 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 ICCIR 2018 (June 7-9, 2018).

Representative's signature: _____

Applicant's signature: _____ Date: _____

Thank you for completing your ICCIR 2018 undergraduate European medical student confirmation!
Please have it ready to be uploaded with your CV and copy of a valid photo ID for the ICCIR 2018
online registration process. If you have any further queries, please feel free to contact
registration@esir.org.