## **ECIO 2024 Reduced Fee Confirmation Letter**

ECIO 2024

Thank you for your interest in attending ECIO 2024! Please complete this page to upload it as part of the ECIO 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/Education	nal 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@ecio.org):
Confirmation by supervisor/edu	ıcator:
I, (Title) (First name)	(Last name) ,
as the above-mentioned applica confirm that they are currently a	nt's (position), a;
Resident, IRs in training, postgra above-mentioned office/institut	duate medical student/Nurse/Radiographer (please delete) at the e.
Supervisor's signature:	
Applicant's signature:	Date:

Thank you for completing your ECIO 2024 confirmation Letter! Please have it ready to be uploaded for the ECIO 2024 online registration process. If you have any further queries, please feel free to contact <u>registration@ecio.org</u>.