

# BSIR 2026

4<sup>TH</sup>-6<sup>TH</sup> NOVEMBER | BIRMINGHAM, UK



## BSIR 2026 Undergraduate Medical Student/Foundation Doctor Confirmation Form

Thank you for your interest in attending BSIR 2026! Please complete this form to upload it as part of the BSIR 2026 online registration process for undergraduate medical students.

### Registrant

myCIRSE 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@bsirmeeting.org](mailto:registration@bsirmeeting.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/foundation doctor at the above-mentioned university/institute, at the time of BSIR 2026 (November 04-06, 2026).

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

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

Date: \_\_\_\_\_

Thank you for completing your BSIR 2026 confirmation! Please have it ready to be uploaded for the BSIR 2026 online registration process. If you have any further queries, please to contact [registration@bsirmeeting.org](mailto:registration@bsirmeeting.org).