



BSIR 2024 Undergraduate Medical Student Confirmation Form

Thank you for your interest in attending BSIR 2024! Please complete this form to upload it as part of the BSIR 2024 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):*

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 at the above-mentioned university/institute, at the time of BSIR 2024 (November 06-08, 2024).

Representative's signature: _____

Applicant's signature: _____

Date: _____

Thank you for completing your BSIR 2024 undergraduate medical student confirmation! Please have it ready to be uploaded for the BSIR 2024 online registration process. If you have any further queries, please to contact registration@bsirmeeting.org.