# ECIP 2027 Reduced Fee Confirmation Letter

Thank you for your interest in attending ECIP 2027! Please complete this page to upload it as part of the ECIP 2027 online registration process for Residents, IRs in training, postgraduate medical students, nurses, radiographers and sonographers.

CIRSE ID: _____ Date of Birth (dd/mm/yy): _____

First name: _____ Last name:_____

Place of Employment/Educational 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@cirse.org)*

Confirmation by supervisor/educator:

I, (Title) _____ (First Name) _____ (Last Name) _____,
as the applicant's supervisor in the position of _____
at the above-mentioned institute, confirm that they are currently:

☐ Resident ☐ IR in Training ☐ Nurse ☐ Radiographer/Sonographer
☐ Postgraduate Medical Student

Supervisor's signature: _____

Applicant's signature: _____ Date:_____

Thank you for completing your ECIP 2027 confirmation Letter! Please have it ready to be uploaded for the ECIP 2027 online registration process. If you have any further queries, please feel free to contact registration@cirse.org.