



13th Congress of the European Hip Society

20–22 September 2018
The Hague, The Netherlands



We hereby confirm that

Name, First Name: _____

Institution: _____

Address: _____

is presently employed as:

☐ **Physiotherapist**

☐ **Resident**

☐

in our institution.

Date, Place

Stamp/Signature

Please upload your certificate (as .pdf file) during your [online registration](#).

Students please send us a current certificate of enrolment.