



We hereby confirm that

Family name, first name: _____

Institution: _____

Address: _____

is presently employed as:

Junior MD (resident, fellow)

Scientist

Physiotherapist

Nurse/OR staff

Allied health professional

.....

in our institution.

Student Students provide a copy of their student card or enrolment paper.

Date, Place

Stamp/Signature

Please add this confirmation to your registration documents or fax it to Intercongress GmbH, +49 (0) 761 69699-11.