

14th IFSSH and 11th IFSHT Triennial Congress

Berlin, Germany, 17 - 21 June 2019

We hereby confirm that

Family name, first name: _____

Institution: _____

Address: _____

is presently employed as:

in training/education/doing a fellowship Nurse

.....

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.