



Reduced Fee Confirmation Letter

Thank you for your interest in attending the 39th EACTS Annual Meeting. Please complete this page to upload it as part of the online registration process for **Trainee / Allied Health / Technicians / Perfusionists / Students / Nurse & Physician Assistants**.

Registrant

EACTS 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@eacts.co.uk)*

Confirmation by supervisor/educator:

I, (Title) _____ (First name) _____ (Last name) _____,
as the above-mentioned applicant's (position) _____,
confirm that they are currently a **Trainee / Allied Health / Technicians / Perfusionists / Students / Nurse & Physician Assistants** (please delete) at the above-mentioned office/institute.

Supervisor's signature: _____

Applicant's signature: _____ Date: _____

Thank you for completing your 39th EACTS Annual Meeting confirmation Letter! Please have it ready to be uploaded for the online registration process. If you have any further queries, please feel free to contact registration@eacts.co.uk.

