



## Reduced Fee Confirmation Letter

Thank you for your interest in attending the 38<sup>th</sup> 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](mailto: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 38<sup>th</sup> 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](mailto:registration@eacts.co.uk).

