

# Confirmation of status

If you would like to register as a Nursing / Allied Health Professionals, please complete the following form and have it stamped and signed by your employer.

**Please upload this form directly during the online registration process. Please note that if this confirmation is missing, the reduced registration fee does not apply.**

This is to confirm the following employment relationship:

First name \_\_\_\_\_

Last name \_\_\_\_\_

Resident in  
(City & Country) \_\_\_\_\_

Employed by \_\_\_\_\_

Employed as \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and stamp of the employer/institute

## Organiser

**EUROKONGRESS GmbH**

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## Scientific Organisation

**European Academy of Paediatrics (EAP)** | [www.eapaediatrics.eu](http://www.eapaediatrics.eu)

**European Society for Paediatric Research (ESPR)** | [www.espr.eu](http://www.espr.eu)