

# Cardiovascular Surgery Conference

Buenos Aires, Argentina • December 5-7, 2024



## Reduced Fee Confirmation Letter

Thank you for your interest in attending the EACTS/STS/LACES Cardiovascular Surgery Conference. Please complete this page to upload it as part of the online registration process for Non Physicians / Argentinian Residents.

### 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 / Argentinian Resident (please delete) at the above-  
mentioned office/institute.

Supervisor's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



EACTS/STS/LACES

LATIN AMERICA

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