

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 Trainee (please delete) at the above-
mentioned office/institute.

Supervisor's signature: _____

Applicant's signature: _____ Date: _____



EACTS/STS/LACES

LATIN AMERICA

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