



**11<sup>th</sup> European Pediatric  
Neurology Society Congress**  
Vienna, Austria, 26 – 30 May 2015

We hereby confirm that

Family name, first name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

is presently employed as:

**Trainee (student or resident)**

**Nurse**

**Therapist**

.....

in our institution.

\_\_\_\_\_  
Date, Place

\_\_\_\_\_  
Stamp/ Signature

Please add this confirmation to your registration documents or fax it to Intercongress GmbH, +49 (0) 761 69699-11.