



The 2018 Joint International
Congress of ILTS,
ELITA & LICAGE



Please return this form to:

K.I.T. Group GmbH
ILTS 2018 Registration Department
Kurfürstendamm 71, 10709 Berlin, Germany
Tel: +49 30 246 03 – 410, Email: ilts2018registration@kit-group.org

Organization: _____

Department: _____

Country: _____

I hereby confirm that Mr. /Mrs. _____ is employed in our Clinic/Organization/Company as a/an

- | | |
|---|--|
| <input type="checkbox"/> Staff/attending physician from a middle-income country | <input type="checkbox"/> Non-clinical scientists |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Fellow | <input type="checkbox"/> Transplant nurse |
| <input type="checkbox"/> Postgraduate student | <input type="checkbox"/> Coordinator |
| <input type="checkbox"/> Allied health professional | |

City, Date

Stamp and Signature of the Head of Department/ HR/ Supervisor