**Subject***:* Group Registration, GIEQs III September 29 and 30th 2022.

Hospital/Group Name:

Lead Applicant Name and number below :

Participants:

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| --- | --- | --- | --- |
| Name  | Email address  | Professional Association (e.g. GMC, AHPRA, RIZIV etc.) number (not nurses)  | Role\*  |
| *e.g. John Smith*  | *john.smith@gieqs.com*  | *1-00700-650*  | *CG*  |
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\* CG: consultant gastroenterologist, CS: consultant surgeon, TG: trainee gastroenterologist, TS: trainee surgeon, NE: nurse-endoscopist, EN: endoscopy nurse, O : other, please specify

Please send completed form to gieqs@seauton-international.com

We will inform you as soon as possible about the next steps and invoice payment.