**Subject***:* Group Registration, GIEQs IV October 5 and 6th 2023.

Hospital/Group Name:

Lead Applicant Name and number below :

Participants:

|  |  |  |  |
| --- | --- | --- | --- |
| 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*  |
|  1 |   |   |   |
|  2 |   |   |   |
|  3 |   |   |   |
|  4 |   |   |   |
|  5 |   |   |   |
|  6 |   |   |   |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |

\* 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 admin@gieqs.com

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