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

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

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