European Society of Gastrointestinal Endoscopy (ESGE)
c/o Hamilton Services GmbH
Landwehr Str. 9, 80336 Munich, Germany
Tel: +49-89-907 7936-11, Fax: +49-89-907 7936-20

Letter of confirmation

I hereby confirm that the applicant for the *first*🞏/*second*🞏 year

of *ESGE trainee membership*🞏/***dual ESGE+CSG*** *trainee membership*🞏

Name:............................................ Surname:....................................................

Title: .............................................. Date of birth:..............................................

undergoes a postgraduate full-time training

in *gastroenterology*🞏/*surgery*🞏/*internal medicine*🞏

since (date):....................................

in our institution (providing training in digestive endoscopy):

 Institution:........................................................................................

 Address:............................................................................................

 Program Director:.............................................................................

 Signature:..........................................................................................

Date:............................................

ESGE - European Society of Gastrointestinal Endoscopy

CSG - Czech Society of Gastroenterology

🞏 - tick one option