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**REDUCED REGISTRATION FEE - CONFIRMATION OF ELIGIBILITY**

**To be completed and emailed to** **events@theiscbh.org** **within two weeks of registration.**

**Applicant details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |

**Eligibility criteria**

To be eligible for the reduced fee a delegate must be one of the following:

* Student (PhD students, undergraduates)
* Junior Post Docs (within 5 years of PhD)
* Resident or Fellow
* Allied Health Professional
* Patient Organisation Representative

**I confirm that the applicant meets one of the above criteria (please tick the appropriate role) and that (s)he holds the following post in my department:**

|  |  |
| --- | --- |
| **Post held by delegate:** |  |
| **Head of Department Name:** |  |
| **Head of Department Email:** |  |
| **Signature:** |  |
| **Date:** |  |

**Please email this completed form to the ICCBH 2024 events team**

**events@theiscbh.org**