



Enclosure to the online registration for the ERA Congress 2026 in Glasgow
(to be signed by the employer)

I declare that

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Street: _____

ZIP Code: _____ City: _____

Phone Number: _____

Email: _____

is employed by us (see Organization above) as:

- ☐ Dietitian
- ☐ Dialysis Technician
- ☐ Nurse
- ☐ Specialist Physical Therapist
- ☐ General Practitioner *

* If you are self-employed, please attach an official document confirming your status as General Practitioner.
Please note that if it is not in English, it must be accompanied by a certified translation in English.

Place/Date

Signature/Stamp (employer)