



Enclosure to the online registration for the ERA Congress 2025 in Vienna (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
- 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)