



## Collaborating Against Cancer Initiative Authorisation & Verification Form

### INTERVENTIONAL RADIOLOGIST

I confirm that I, (please insert your name).....

- practice interventional radiology,
- have a completed registration for ECIO 2019.
- have read and understood the Collaborating Against Cancer Initiative Terms and Conditions as well as the Personal Data Usage Terms and Conditions.

Signature: ..... Date: .....

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### INVITED PHYSICIAN

I confirm that I, (please insert your name)..... am a practicing:

- Oncologist
- Gastroenterologist
- Hepatologist
- Surgeon
- Radiation Oncologist

I confirm that I have read and understood the Collaborating Against Cancer Initiative Terms and Conditions as well as the Personal Data Usage Terms and Conditions.

Signature: ..... Date: .....