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**Confirmation of Student Status**

*to be presented at the registration desk of the*

**27th Scientific Symposium of the Austrian Pharmacological Society (APHAR)**

**Vienna, 29 – 30 September 2023**

*for entitlement to payment of a  
reduced registration fee*

**This is to confirm that**

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| --- | --- |
|  |  |
| **First name** | **Last name** |

is a student at the

|  |
| --- |
|  |
| **Institution** |

**Head of institution:**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Signature:** |  | |
| **Date:** |  |

***Please complete this form and present it at the registration desk of the meeting.***