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+43 1 533 40 64-448 or by e-mail to [esor@myesr.org](mailto:esor@myesr.org)

**ESOR Office**

**European Society of Radiology**  
Am Gestade 1 | 1010 Vienna AUSTRIA  
Phone: +43-1-533 40 64-521  
Fax: +43-1-533 40 64-448  
[esor@myesr.org](mailto:esor@myesr.org) | [myESR.org/esor](http://myESR.org/esor)

ZVR: 083757049  
VAT: ATU65092507

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This is to confirm that

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(Academic Title) (First Name) (Last Name)

is in his/her \_\_\_\_\_ year of residence training at my department/hospital.

This document is issued for the purpose of applying for an ESOR training programme in 2019.

Yours sincerely,

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by head of department or hospital

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