



Proof of employment as AHP

Nurses and dieticians may register for the congress at a discounted Allied Health Professional (AHP) registration fee. Proof of AHP certification must be provided in order to attain the reduced rate. Kindly enter your details below and provide a **signed (from your employer) and company stamped copy**.

The form is to be uploaded during online registration. In the event invalid or incomplete information is provided, we reserve the right to change the registration type which may affect the registration rate.

I hereby confirm the person below is currently employed as an **Allied Health Professional**:

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Neutral <input type="checkbox"/>
First name	<input style="width: 100%;" type="text"/>	
Surname	<input style="width: 100%;" type="text"/>	
Residence (City and country)	<input style="width: 100%;" type="text"/>	
Employer (Name of organization)	<input style="width: 100%;" type="text"/>	
Job title	<input style="width: 100%;" type="text"/>	

Date

Signature and stamp of your employer