



POST N' SPEAK

Informed Consent

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Pólo das Ciências da Saúde, Unidade Central, Piso -1,
Azinhaga de Santa Comba, Celas, 3000-058 Coimbra

Informed Consent

I, _____, holder of the identification document number/passport _____, issued in _____, on ___/___/___ OR valid until ___/___/___ declare that I have read the Rules and Regulation of the VII Post N' Speak and hereby authorize my student _____, holder of the identification document number _____, issued in _____, on ___/___/___ OR valid until ___/___/___; to present the project _____ in the VII Post N' Speak, a competition integrated in the X In4Med.

(Supervisor's Signature according to the identification document)

Date: ___/___/2020



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