

POST N'SPEAK

TERM OF RESPONSIBILITY



@in4medcongress

www.in4med.org

www.facebook.com/in4med.nemaac/

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



I, _____,
holder of the identification document/passport number
_____, issued in _____, on ____/____/_____
OR valid until ____/____/_____; commit to comply with the full extent of the
rules and regulation of the VIII Post N' Speak and to be present at the XI In4Med.

(Candidate's Signature according to the identification document)

Date ____/____/2021



@in4medcongress

www.in4med.org

www.facebook.com/in4med.nemaac/



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