

Employer approval

for participants who are in an employment relationship
for the event:

Event:	DACED Annual Conference	Organizer:	Kompetenznetz Darmerkrankungen e.V.
Event Date:	19-20 June 2026	Event	Stadthaus am Markt
		Location:	Markt 1 60311 Frankfurt am Main

Contact details of the participating person:

Surname, First Name _____

Business Adress _____

As part of the event, the following costs per person will be incurred and covered by the organizer:

- Seminar Fee 675,75 €
- Of which accommodation (bed & breakfast) 126,00 €

The organizer notes that this event is supported by FERRING Arzneimittel GmbH.

Approval

Institution _____

Adress _____

Email _____

Date, Signature and stamp of employer (Practice/Clinic))