

## Withdrawal Form

The following sample form can be used to exercise the Withdrawal Right (but not necessarily, you may use any other form in order to exercise the right).



To:

European Alliance for Medical Radiation Protection Research (EURAMED)  
Am Gestade 1  
1010 Vienna  
Austria  
Email: [erpw2021@eibir.org](mailto:erpw2021@eibir.org)

I hereby revoke the contract concluded by me for the purchase of the access to the **“5<sup>th</sup> European Radiation Protection Week (ERPW) on 22-24 November 2021 in Vienna, Austria”**.

Contract concluded on (date):
First name:
Last name:
Address:
ZIP:
City:
Country:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date