

**The 31st Research Council Meeting of Japan Society of
Plastic and Reconstructive Surgery
Certificate of Resident/International Student**

If you are registering as a resident or an international student, please complete and upload this certificate.

【Participant's Information】

Check the appropriate one.

- Senior Resident Doctor
 Graduate Student

Name: _____

Affiliation: _____

【Certifier's Verification】

※Delete the one that does not apply.

I hereby certify that the above participant is the (Senior Resident Doctor/
Graduate Student) of this institution.

Year Month Day

Date: _____

Name and Position of Supervisor: _____

Please Print

Signature: _____

※ Submitted personal information will not be used or shared with third parties for any purpose other than as an identification to attend the congress.

【Contact】

Registration Desk of The 31st Research Council Meeting of Japan Society of Plastic and Reconstructive Surgery

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E-mail: jsprs-kiso2022@kwcs.jp