

**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 the 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】**

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