

**The 3rd World Congress of Global Scar Society
and the 20th Japan Scar Workshop**

Resident/Student Status Verification Form

※Resident refers to the clinical trainee of up to two years after graduation.

Please submit this document at the reception on the day.

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| Please put a check in the appropriate category | | <input type="checkbox"/> Resident <input type="checkbox"/> Student |
| First(Given)Name | | |
| Last(Family)Name | | |
| Affiliation | | |
| Country | | |
| T E L | | |
| Supervisor's Name | | |
| Supervisor's Signature | | |