

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

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| <b>Resident/Student Status Verification Form</b> |
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※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                         |  |  |