Verification of Fellowship or Resident status

☐ Fellow ☐ Resident

Participant Name:__________________________________________________________

Activity:______________________________________________________________

Organization:___________________________________________________________

I certify that the above named individual is a current participant in our Fellowship program or is a resident at ________________________________________________________________ in good standing.

Authorized Signature of Fellowship/Resident provider required to process registration at discounted rate.

Name (Please print):_____________________________________________________

Authorized Signature:__________________________________________________

Title:______________________________________________________________

Organization:________________________________________________________

Date:______________________________________________________________

Phone number:_______________________________________________________

Email address:_______________________________________________________