



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: _____