



## 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: \_\_\_\_\_