

Residents / Post-graduate Student

# CERTIFICATE

## The 31st Congress of the Japanese Society for Palliative Medicine

We hereby certify that the below individual is

Resident /  Post-graduate Student

(Please check one of the above professionals)

Participant's Name : \_\_\_\_\_

Participant's Affiliate : \_\_\_\_\_

Date : \_\_\_\_\_

Supervisor's / Employer's Signature : \_\_\_\_\_

Supervisor's / Employer's Print Name : \_\_\_\_\_

Supervisor's / Employer's Print Title : \_\_\_\_\_

**【Note】**

\*Please note that only submission of this document does not complete registration.

**【Privacy Policy】**

Registration Office recognizes the importance of personal information and the importance of our responsibility to protect privacy. Please note that personal information will not be used for purposes other than the congress. Your information will be stored in controlled servers with limited access.

<Inquiries>

The 31st Congress of the Japanese Society for Palliative Medicine

Registration Office

E-mail: [jspm31-reg@itbcom.co.jp](mailto:jspm31-reg@itbcom.co.jp)