



## Confirmation of student status

\_\_\_\_\_ I hereby confirm that \_\_\_\_\_ has **not** completed their terminal degree (PhD and/or MD/DO or equivalent) and therefore qualifies as a student for the reduced trainee registration fee.

**OR**

\_\_\_\_\_ I hereby confirm that \_\_\_\_\_ is within 5 years of completing their terminal degree (PhD and/or MD/DO or equivalent) in \_\_\_\_\_ (year) or their primary medical residency training program (not fellowship) in \_\_\_\_\_ (year) and is in a post-doctoral position, and therefore qualifies as a post-doc for the reduced trainee registration fee.

Institution:

Address:

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Head of Student's Academic Department / Mentor

\_\_\_\_\_ Signature

Printed Name

Title

Date

Please also submit copy of student ID badge.