Certificate of Registration

〔　　Resident　　　　 　Student　　〕

Name：

School of graduation：

Date of graduation：

Name of Affiliation：

We certify that the above-mentioned person is our employee as an early resident.

a student.

Signed：

Name and Position of the person in charge：

Date：

Secretariat of Spine Week Japan 2025 "SWJ2025"

Japan Convention Services, Inc.

E-mail: swj2025@convention.co.jp