Certificate of Registration

	Resident	Student)
Name :			
School of grad	duation:		
Date of gradu	ation:		
Name of Affili	ation:		
We certify that the above-mentioned person is our employee as an early resident. a student.			
Signed:			
Name and Po	sition of the person in charge:		
Date:			
	f Spine Week Japan 2025 ″SWJ20)25″	

E-mail: swj2025@convention.co.jp