**Nordic Course on Skin Surgery**

**7-8 November 2019, Copenhagen**

**DOCUMENTATION FOR RESIDENCY**

Please sign and return this form by email to the Course Secretariat:
email: info@cap-partner.eu

It is hereby confirmed that

 **(Name of participant)**

is currently a resident at

**Institution:**

**Residency:**

**Period:**

and thereby entitled to *register* as *resident* for Nordic Course on Skin Surgery, 7 – 8 November, 2019, Copenhagen Denmark.

Date: Date:

 Participant Supervisor