**Application Form**

**Medical Students and Junior Residents**

MM\_\_\_\_DD\_\_\_\_\_ , 2025

Michihiko Sone, M.D., Ph.D.

Conference President

17th Japan-Taiwan Conference on Otolaryngology-Head and Neck Surgery

Dear Prof. Michihiko Sone,

I hereby apply for the medical student/junior resident below to attend the conference.

* Medical Student　　　　　 (Year)
* Junior Resident　　　　　 (Year of residency program)

\*Check the appropriate box and write down the academic year attended.

|  |  |
| --- | --- |
| Name |  |
| Institution |  |
| Mentor/Advisor | 　  |
| Tel. No. |  |
| E-mail |  |

Notes:

\* Fill out the form and send the scanned form to the conference secretariat (17jtcohns@congre.co.jp) via e-mail by November 20.

\* Submission of this form will waive the registration fee only. Please note that the fee for Gala dinner is not included in the waiver.