Attn：The 33rd Annual Meeting of the Japanese Breast Cancer Society

President Takashi Ishikawa

**The 33rd Annual Meeting of the Japanese Breast Cancer Society** **Application for Registration Fee Exemption for Medical intern**

I hereby apply for a registration fee exemption for participation in

The 33rd Annual Meeting of the Japanese Breast Cancer Society.

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| --- | --- |
| Participant’s Name |  |
| Date of Birth (Year/Month/Day) |  |
| Affiliation |  |
| Affiliation Address |  |
| Affiliation Contact  Information | TEL:  E-mail: |

**Supervisor**

Name:

Affiliation:

Signature:　　　　　　　　　　　　　　　　　　Date: / /

\*Medical intern will be granted a full exemption from the registration fee upon submission of this application form, signed by their clinical training supervisor. Please upload this document when completing your online registration.