Letter of Attestation

I, [Insert Physician's Name]_____ , am a licensed physician and Member (Fellow, Associate Member, Member, Resident Member, Emeritus Member) or Member Applicant of the International Society of Hair Restoration Surgery ("ISHRS") in good standing, and as such have agreed to comply with all ISHRS bylaws, rules, regulations, policies, procedures, and other governing documents. I have read and understand the ISHRS's Policy Limiting Attendance by Non-Physicians at ISHRS Meetings ("Policy"). In accordance with the Policy, I hereby attest and represent that the Surgical Assistant(s) listed below is (are) directly employed by me (or my medical practice if I conduct business through an entity as opposed to individually) on a full-time or permanent part-time basis, that I perform hair restoration surgery, that I am licensed in the same state/location as the in which the Authorized Non-Physician(s) is (are) located, and the Surgical Assistant(s) constitute(s) (an) "Authorized Non-Physician(s)" as that term is defined in the Policy. I further attest and represent that I will be attending the ISHRS's 26th World Congress ("Meeting") and request that the Surgical Assistant(s) be permitted to attend the Meeting as (an) Authorized Non-Physician(s). I have provided a copy of the Policy to the Surgical Assistant(s) who has (have) read and understands the same. I agree to immediately notify ISHRS if for any reason I will not attend the Meeting, and simultaneously the Surgical Assistant(s) that he/she (they) is (are) therefore precluded from attending the Meeting.

Surgical Assistants:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I declare that the above statement is true, and I understand that providing false information to ISHRS would constitute, among other things, an ethics violation and grounds for revoking my ISHRS membership and prohibiting my attendance at future ISHRS meetings.

Signature of ISHRS Physician Member or Physician Member Applicant Date

Print Name of Physician

Print employing entity's name, if different, and Title with employing entity