

Registration Verification

Registration verification is required for the indicated categories and must accompany registration form. Acceptable forms of verification are as follows:

- For the **Non-Member Physician**: a copy of the physician's medical certificate or license (with English translation, if applicable), and a statement on the physician's letterhead or a letter from a current ISHRS physician member attesting to the credentials as a physician.
- For the **Non-Member Adjunct/Trichologist**: a statement on the person's business letterhead attesting to the credentials of the person or a certificate of membership in his/her trichologic society.
- For the **Non-Member Physician Resident**: a copy of the medical degree (with English translation, if applicable), and a letter of verification from the residency program director.
- For the **Training Fellow**: a letter of verification from the fellowship training program director.
- For **Surgical Assistant, Office Manager, Office Staff, Clinic Director, Marketing/Webmaster**: the official Letter of Attestation as provided on the ISHRS website or ISHRS meeting registration site.
- **Spouse/Guest**: a letter from the Physician or Adjunct noting the relationship with the individual.