



CANADIAN FERTILITY AND ANDROLOGY SOCIETY
SOCIÉTÉ CANADIENNE DE FERTILITÉ ET D'ANDROLOGIE
Student/Trainee Attestation Form

Graduate students, medical residents and fellows, and post-doctoral fellows must submit this form to the CFAS office when applying for a student or trainee membership and/or a student registration for the CFAS Annual Meeting or any other workshop or event. If this form is not completed and submitted to the CFAS office **within 7 days of registering/renewing** a membership, the CFAS office reserves the right to set your membership status to 'pending' (even if payment has been received) until a signed copy of this form is provided. For event registration, it is recommended all students and residents also show either a student ID or a hospital resident ID at the registration desk when checking in for the event.

Please note that the fees you are expected to pay for both CFAS membership and event registration are those for your highest level of education or employment. For example, if you are already a medical doctor, and are taking classes part-time towards a master's program, it is expected you will pay the medical doctor registration.

CFAS reserves the right to deny entry to any event on a student registration if the registrant cannot provide proof he or she is a student or resident. In such a scenario, the registrant could proceed with **one** of the following options:

- CFAS will refund the registration and the individual cannot attend the event
- The individual can put the price of their student registration towards the purchase of another registration type and then pay the difference

Please note that no reimbursements will be given for those who pay a regular event registration and provide student attestation forms after the end of the event.

By signing below, I attest that the following individual is currently a student, resident, or fellow working under my supervision.

First Name: _____ Last Name: _____

School/Hospital of Residency/Affiliation: _____

School address: _____

Email _____ Date: _____

Program of Study (e.g. MSc. Biology): _____

Supervisor's Name: _____ Supervisor's signature _____

Supervisor's contact information:

Phone: _____ Email: _____