



Student Validation Form

This form must be completed by your supervisor who must email it to info_miccai@irisa.fr or fax to +33 2 99 84 71 71, Attn: Valérie Lecomte. To ensure student registration rate you must bring a copy of this form, with the original signature of your supervisor, to the registration desk at the conference.

I (*name/title of supervisor*) _____
certify that (*name of the student*) _____
is a student registered in the department of _____
at (*institution*) _____
for the (*degree/certificate*) _____
in (*discipline*) _____ under my supervision.

Date: _____

Signature: _____

Email: _____

Phone # (please include your country code): _____