**Verification Letter**

Dear Organizing Committee of KoreAnesthesia 2023

I would like to confirm that the abstract submitter, Dr. Applicant’s Name

has been employed in our affiliation.

* **Grant Applicant’s Information**

|  |  |
| --- | --- |
| Full Name |  |
| Affiliation |  |
| Email Address |  |

Please contact me if you have any questions.

Sincerely,

Department chief/head’s Full Name

Department chief/head’s Title

Department chief/head’s Contact info.

|  |
| --- |
| Department chief/head’s*Signature* |

Signed Date