## Surgical Skills Participant Confirmation

Hello –

You are signed up for the skills sessions on **[DATE]** from **[TIME].** This is session will be in **[LAB LOCATION]**. This is on **[LAB DIRECTIONS]**.

For your session:

1. Please wear closed toed shoes.
2. Please wear scrubs (non-anatomy preferably). We need to start right on time to get through the session, so please arrive early if you need to change.

Please let us know if you need anything else!

Sincerely,

The Surgical Subspecialty Experience Program Team