

For Residents, Graduate students, Optometrists or International students

CERTIFICATE

The 66th Annual Meeting of the Japan Contact Lens Society

We hereby certify that the below individual is

a Resident / Graduate student / Optometrist / International student

(Please choose one of the above professionals)

Participant's Name : _____

Participant's Affiliate : _____

Date : _____

Supervisor's / Employer's Signature : _____

Supervisor's / Employer's Print Name : _____

Supervisor's / Employer's Print Title : _____

【Note】

*Please note that only submission of this document does not complete registration.

【Privacy Policy】

Registration Office recognizes the importance of personal information and the importance of our responsibility to protect privacy. Please note that personal information will not be used for purposes other than the meeting. Your information will be stored in controlled servers with limited access.

<Inquiries>

The 66th Annual Meeting of the Japan Contact Lens Society Registration Office

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