

**For Medical Interns / Residents / Graduate Students / Health-Care Professionals (Co-Medicals)**

# CERTIFICATE

## **The 76th Annual Congress of Japan Clinical Ophthalmology**

We hereby certify that the below individual is  
a Medical Intern / Resident / Graduate Student / Health-Care Professional (Co-Medical)  
(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 : \_\_\_\_\_

### **【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 congress. Your information will be stored in controlled servers with limited access.

### **<Inquiries>**

The 76th Annual Congress of Japan Clinical Ophthalmology

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