For On-site Registration

**The Japan Cornea Conference (JCC) 2016**

**Status Certificate Form**

Medical intern/ Resident, and Health-Care Professional (Co-Medical) must provide a certified document to prove the status. Please complete this form and bring to the On-site Registration Desk.

Name：

Institution：

This is to certify that above person belongs to our institution as

□　Medical intern/ resident

□　Health-Care Professional (Co-Medical)

　 (Please check the box to apply)

　Date

Signature of Professor or Supervisor

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Office Use

Date :　 Name Card No. :