

The 126th Annual Meeting of the Japanese Ophthalmological Society

CERTIFICATE OF EMPLOYMENT

To The 126th Annual Meeting of the Japanese Ophthalmological Society Secretariat:

This is to certify that

(First Name)

(Middle Name)

(Last Name)

Has been employed in

(Affiliation)

As

Medical Interns / Residents / Graduate Students / Health-Care Professionals

(Please choose one of the above professionals)

Date of Issue :

Print Name:

Print Title:

Signature:
