

CERTIFICATE OF EMPLOYMENT

To The 71st Annual Congress of Japan Clinical Ophthalmology:

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: _____

Print Name: _____

Print Title: _____

Signature: _____