**The 129th Annual Meeting of the Japanese Ophthalmological Society**

**Application for Proxy Presentation or Withdrawal of Abstract**

To: Prof. Takeru Fukuchi (President, The 129th Annual Meeting of the Japanese Ophthalmological Society)

I hereby submit this form to request either a proxy presentation or the withdrawal of an abstract registered for the 129th Annual Meeting of the Japanese Ophthalmological Society.

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| Submission Date | DD: | | | MM: | YY: | | |  |
| Filer's Name |  | | | | | | | |
| Filer's E-mail |  | | | | | | | |
| Request Type  (Please select by circling one) |  | | Proxy Presentation | | |  | Withdrawal | |
| **Abstract Information** | | | | | | | | |
| Presentation No. |  | | | | | | | |
| Abstract Title |  | | | | | | | |
| Presenter’s Name (First Author) |  | | | | | | | |
| Presenter’s Affiliation |  | | | | | | | |
| **Proxy Presenter Information** (for proxy presentations) | | | | | | | | |
| Proxy Presenter’s Name |  | | | | | | | |
| Proxy Presenter’s  Affiliation |  | | | | | | | |
| **Reason for Proxy Presentation or Withdrawal**  (Please provide detail) | | | | | | | | |
|  | | | | | | | | |
| Agreement from All  Authors  (Please select by circling “Obtained”) |  | Obtained | | | | | | |
| **Representative of the Institution Responsible for the Abstract Registration** | Name: | | | | | | | |

**Notes**:

1. Withdrawal due to the personal reasons of the first author is not permitted. Please ensure that one of the co-authors delivers the presentation.
2. Full consent from all authors must be obtained for proxy presentation or withdrawal.
3. In the case of a proxy presentation, the presentation credit will belong to the first author.
4. If necessary, the reason for proxy presentation or withdrawal may be submitted on a separate document.
5. Regardless of the reason for withdrawal, the representative of the research institution may be contacted for confirmation.