

**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 _____

Office Use

Date :

Name Card No. :