

## CERTIFICATE OF ENROLLMENT

To The 75th Annual Congress of Japan Clinical Ophthalmology:

*This is to certify that*

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(First Name)

(Middle Name)

(Last Name)

*Has been employed in*

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(Affiliation)

*As*

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

(Please choose one of the above professionals)

Date of Issue :

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Print Name:

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Print Title:

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Signature:

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