**Asia Dry Eye Summit 2019**

**Certificate of Resident**

To the secretariat of Asia Dry Eye Summit 2019

Email: ade@mediproduce.com

If you are registering as a senior resident doctor, please fill in the following form and return it by e-mail to the secretariat.

【Field of Entry】

Name：

Affiliation：

【Certifiers Field of Entry】

I hereby certify the above participant as the Senior Resident Doctor of the institution

　　　Year Month Day

Professor or Head of Department Name:

　　　　　　　　　　Signature:

※ The personal information submitted will not be used for other purpose or shared with any third party other than to verify the senior resident doctor for the Summit.

【Contact】

Secretariat of the Asia Dry Eye Summit 2019

[ade@mediproduce.com](mailto:ade@mediproduce.com) / Phone: +81-3-5775-2075