



Date: \_\_\_\_\_

Organizing Committee

4<sup>th</sup> Asia Pacific Tele-Ophthalmology Society Symposium

To whom it may concern,

**Re: Resident/Trainee Status Certification**

This is to certify that \_\_\_\_\_ (Name of Resident/  
Trainee) with the registration code \_\_\_\_\_ has received  
training in ophthalmology for less than 6 years and will still be a 'full-time trainee'  
during the 4<sup>th</sup> Asia Pacific Tele-Ophthalmology Society Symposium to be held on  
September 21 – 22, 2019.

Should you need further information, please feel free to contact me by phone at  
\_\_\_\_\_ or by email at \_\_\_\_\_.

Yours sincerely,

\_\_\_\_\_ (Name of Supervisor)

\_\_\_\_\_ (Position)

\_\_\_\_\_ (Institute)