



Date: _____

Organizing Committee

8th 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 8th Asia Pacific Tele-Ophthalmology Society Symposium to be
held on December 2 – 3, 2023.

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)