



MEMBERSHIP EURETINA

EURETINA TRAINEE VERIFICATION FORM

Please complete this form avail of the Trainee Discount and upload it as part of the EURETINA Trainee Membership process.

Registrant

Date of Birth(dd/mm/yy): _____

First name: _____ Last name: _____

Place of Employment/Educational Institute

Name: _____

Department: _____

Street: _____

Postal Code: _____

City: _____

Country: _____

Office/Institute Stamp

Confirmation:

I, (Title)_____ (First Name)_____ (Last Name)_____, as the above-mentioned applicant's (position)_____, confirm that they are currently an ophthalmologist in training/a residency programme from (Date)_____ to (Date)_____.

Supervisor's signature: _____

Applicant's signature: _____

Date: _____