

Certificate of Status

Date: _____

To the Secretariat of the 4th International Congress &
the 70th Annual meeting of the JOS

I hereby certify that the person whose name appears below is affiliated with our

☐ dental institution

☐ university staff member

☐ other _____

and is eligible for a reduced Congress/Meeting registration fee.

Name: _____

Status: Dental technician, clerical staff member, other (_____)

Address: _____

Affiliation: _____

Name (please print): _____

Signature: _____