Certificate of Status

Date:

To the Secretariat of the 81st Annual Meeting of the JOS & The 9th Joint Symposium of the JOS and Korean Association of Ortodontists.

 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, Dental hygienist, Clerical staff member,

other ( )

Address:

Affiliation:

Name (please print):

Signature: