19th International Congress of

Comparative Endocrinology (ICCE19)

(Student)

　　　　　　　　　　　　　　　　　　　　(filled in by the secretariat)

　　　　　　　　　　　　　　　　　　　　Registration No：

Please fill out this form and submit it to the congress secretariat

Certification

Name of Attendee

Affiliation：

TEL　 ：

Email　　　：

This is to certify that the above attendee is a student of the institute.

　　　　　　　　Date :

Supervisor or Head of Department

Name：

Position :

Signature :

【the ICCE19 Secretariat】

[icce19-reg@issjp.com](mailto:icce19-reg@issjp.com)