26th Euretina Congress
VIENNA 1 – 4 October 2026
VIECON, Vienna

EURETINA
www.euretina.org

EURETINA TTRAINEE VERIFICATION FORM

Please complete this form to upload it as part of the EURETINA registration process for ophthalmologists in training/residency programmes.

Participant

First name: _____ Last name: _____

Date of birth: _____

Place of employment/Educational institute

Name: _____

Department: _____

Street Address: _____

Postal Code: _____

City: _____

Country: _____

Office/Institute Stamp

Confirmation

I, (title)_____(First name)_____

(Last name)_____, as the above-mentiond applicant's (position)_____, confirm that they are currently an ophthalmologist in training/a residency programme.

Supervisor's signature:_____

Applicant's signature:_____

Date_____

Thank you for completing your EURETINA trainee verification form. Please have it ready to be uploaded for the registration process. If you have any further questions, please contact registration@euretina.org.