

**Reduced Fee Registration (RFR) Eligibility Statement for Latin America Professional**

I, the undersigned (first and last name) :

From (institute name, department, lab, ..., city, country) :

as representative of the institute certify that (RFR applicant's first and last name) :

from (institute name, department, lab, ..., city and country) :

is currently employed and residing at our institution with the position of :

City, Country, date Signature and department stamp/logo