



IACLETOP Student Area - Registration Form –

**This form must be completed by the IACLE member planning to set up a Student Area on IACLETOP.
Access to IACLETOP’s Student Area is provided to IACLE members and their students only.**

Please return this form to your [IACLE representative](#) or to iacle@iacle.org.

MEMBER INFORMATION

First name: _____ Surname: _____

Email: _____ Phone / Mobile No.: _____

Institute name (where you teach contact lens education to your students): _____

Country: _____ Date: _____

STUDENT INFORMATION

Total number of students to access the Student Area on IACLETOP: _____

What year are your students in: 3rd year 4th year

Select preferred language format:

English Bahasa Chinese Spanish Korean

If you plan to conduct the Student Trial Exam (STE) please state your desired exam dates:

1st date option: _____ 2nd date option: _____

COMMENTS: _____

